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MARYLAND
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Original Articles.

THE PLASTER-JACKET *versus* THE STEEL BACK BRACE IN THE TREATMENT OF POTTS' DISEASE.

By R. Tunstall Taylor, B.A., M.D.,
Surgeon to the Hospital for Crippled and Deformed Children, Demonstrator of Orthopedic Surgery in the Baltimore Medical College, Fellow of the American Orthopedic Association.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, APRIL, 1897.

Owing to the general abuse of the plaster of Paris jacket as a "cure-all" for every form of spinal disease from humpback, no matter in what part of the vertebral column the tubercular focus is situated, to rotary lateral curvature of the spine and round shoulders or simple kyphosis, I wish to present this paper to show the proper place the plaster jacket should occupy and the mechanical principles involved in Pott's disease.

The aim of treatment, after fixative recumbency has caused a subsidence of the acute symptoms of tubercular caries of the spine, is to support and brace the vertebral segments on both sides of the diseased vertebral body or bodies.

This is often lost sight of in many cases treated in general dispensaries, hospitals and elsewhere as judged by the examples seen, having marked deformity from inadequate treatment. No matter what part of the spine was diseased, and how obviously impossible it was to support the vertebral column on either side of the diseased focus by a plaster of Paris jacket alone, we learn in nearly all of these cases that one had been applied without other form of support calculated to remove or lessen at least the weight of the head and the dragging forward and downward of the segment above the seat of the disease.

Figure 1.

A plaster of Paris jacket alone, in general terms, may be said to be incapable of preventing an increase in the deformity when the disease is above the ninth dorsal vertebra, but below this point it is nearly perfect as a support.

To quote L. A. Sayre's original state-

FIGURE 2.

Lower dorsal disease treated by a plaster of Paris jacket applied in a moderate lordosis on the Plaster Jacket Stool.

ment, we find he says:[1] "There are some cases of spondylitis in which the cervical or upper dorsal vertebrae or both are involved.

In these cases treatment by the plaster jacket alone can do but little if any good. It then becomes necessary to treat the disease by an instrument which I call the "'jury-mast.'" And yet notwithstanding this statement and caution over twenty years ago from the originator of the plaster of Paris jacket I cannot find in my histories of over 100 cases of Pott's disease a single one of upper dorsal disease which had been referred to me wearing plaster jackets in which any provision had been made to antagonize the superincumbent weight above the diseased focus.

To apply a plaster jacket I prefer the method I suggested in 1895,[2] while the patient is in a position of moderate lordosis, for we thus, to a certain extent, transfer the superincumbent weight from the diseased bodies back on the healthy articular, transverse and spinous processes. It, however, does not matter by what means the jacket is applied, whether by Sayre's suspension sling[3] or on Brackett's hammock[4] or on the plaster jacket stool I advised, so long as the weight is removed as far back as possible from the diseased area and the spine is immobilized.

It is a mistake to make the plaster jackets removable for dispensary cases, as nine times out of ten the ignorant parents will take off the support just when it should be worn, and in endeavoring to reapply it may not get it on properly.

FIGURE 3.

Lower dorsal and lumbar disease treated with the Taylor Back Brace, preferable to the plaster jacket in hot weather and for cases with intelligent parents.

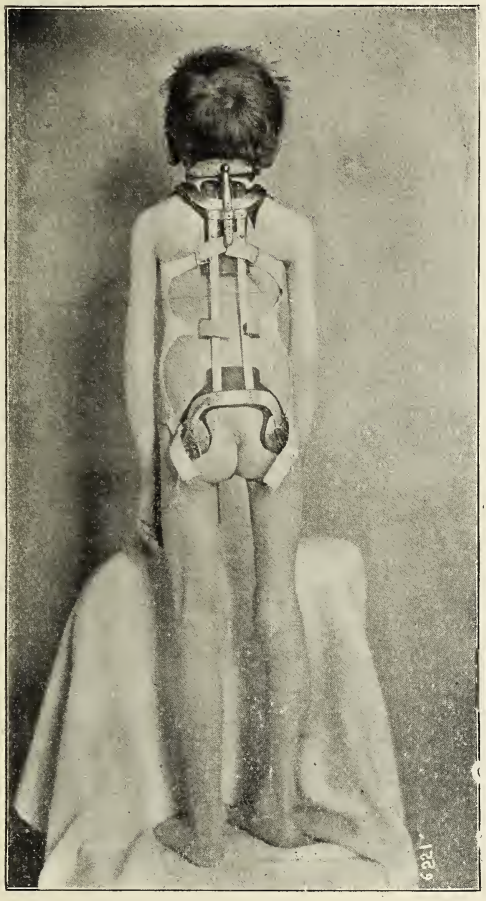

FIGURE 4.

Upper dorsal disease treated with the Taylor Back Brace and Head Support (only half of the head ring showing.)

Furthermore, when the jacket is not on, those having the care of the child will, in handling it, flex the spine by holding the patient in their arms in the usual manner, thus increasing the damage done by disease by crowding the healthy vertebral bodies against the diseased, softened one.

Above the ninth dorsal vertebra the plaster jacket is valueless unless it is used in conjunction with the Sayre "jury-mast" or some form of "head support" which will lessen the superincumbent weight on the softened vertebral body and prevent the dragging down of the upper part of the spine, which is the tendency, owing to the upper extremities and thorax, with its contained viscera, being situated anterior to the center of gravity of the diseased spine.

In addition, if one examines a normal spine in regard to its physiological curves it will be apparent that the center of gravity of the vertebral column passes anterior to the dorsal region, owing to the normal kyphosis there, which in disease renders this region the most difficult to treat deformity in and unfortunately is the commonest seat of the tubercular focus. In the cervical and lumbar regions there is a normal lordosis and the center of gravity of the spine passes through them.

A plaster jacket to accomplish the purpose for which it is intended must fit snugly against the sternum, otherwise

FIGURE 5.

Bent Wire Head Support for Cervical Potts' Disease.

FIGURE 6.

Case showing how the Plaster Jacket alone will not prevent deformity in upper Dorsal Pott's Disease.

more or less flexion of the spine will be possible, increasing thereby the damage to the diseased focus. The Taylor steel back-brace, which splints the lower vertebrae to the pelvis and acts as a lever, putting the upper vertebrae backward, should similarly be supplemented by a head support and means of preventing the shoulders from sagging forward when the disease is above the ninth dorsal vertebra (Fig. 1).

To illustrate the case in question diagrammatically, we may use a notched piece of wood in the shape of the letter "L" inverted, as shown in Fig. 1—A, with a weight, "W," attached to the projecting limb corresponding to the weight of the head, thorax and upper extremities acting on a diseased vertebral body, which is represented by the notch. If the action of the weight is not antagonized the notched piece of wood must assume the shape indicated in Fig. 1—B. Further, if another piece of wood be brought into use and spliced to the notched piece of wood as a support, and only reach to the notch or just beyond it, we would not feel at all confident that more or less falling forward would not occur, as is seen in Fig. 1—C, D. On the other hand, as we see in Fig. 1—E, F, if the support extend well beyond either side of the weak point we may be sure the effect of gravity on the mechanism is antagonized and falling forward cannot occur.

My preference lies in lower dorsal and lumbar disease in the plaster of Paris jacket, except in hot weather and for cases with intelligent parents (Figs. 2 and 3); in upper and mid-dorsal I use the steel back brace in some of its forms, depending on the case, with the head support (Figs. 4 and 5). In cervical Pott's disease no back brace may be necessary, and any collar that will immobilize the head and transfer its weight from the neck to the thorax will effect a cure. The after-treatment for Calot's operation calls for practically the same mechanical methods and braces used in cases not requiring this operation.

I wish to put myself on record as opposing that form of steel back brace for lower dorsal and lumbar Pott's disease in which a simple waistband is used and not the "U" piece of the Taylor brace for a similar mechanical reason that the plaster jacket is insufficient in upper dorsal disease.

It is very evident, or should be so, that any so-called spinal support that depends for its efficiency on axillary crutches attached to a waistband is absurd, as the shoulder girdle is freely movable. To be efficient the steel uprights must be in as close contact as possible with the diseased vertebral segments. Too much padding to the uprights is bad as getting hard and matted from perspiration. The smooth leather covering without padding, if the brace is properly fitted, has in the long run been found the best.

I have here also a case which was recently sent to me with a history of having worn a plaster jacket from the beginning of the disease and no other form of support, which treatment you can see was useless in preventing deformity. (Fig. 6; compare Fig. 1—C.)

It goes without saying, in conclusion, that the earlier diagnosis is made and efficient treatment is instituted the more satisfactory are the results obtained.

Bibliography.

(1)Sayre, L. A. Orthopedic Surgery. D. Appleton & Co. New York, 1892. P. 469.

(2)Taylor, R. T. *Johns Hopkins Hospital Bulletin* No. 47, February, 1895. *Medical News*, March 13, 1895.

(3)Sayre, L. A. (v. s.), p. 469.

(4)Brackett, E. G. Medical and Surgical Report of the Children's Hospital, Boston, 1869-1894.

(5)Taylor, C. F. Transactions of the New York State Medical Society, 1863.

(6)Taylor, H. L. *Canada Medical Record*, November, 1893.

Discussion.

Dr. L. Gibbons Smart: Are the head supports worn during recumbency, and do not the braces chafe?

Dr. R. T. Taylor: During recumbency, as the superincumbent weight is removed, the head supports are taken off. If a proper brace is prescribed, applied and fitted by the attending surgeon (and not by instrument-makers, who invariably and naturally are ignorant of the anatomy, pathological processes and mechanical principles involved) there is no trouble from chafing, provided the patients keep the straps well buckled, so that the brace cannot slip up and down and rub the spine, which should be bathed twice daily with alcocol. Sending a case to an instrument-maker for treatment is as bad as telling a patient he needs medicine, he better go to an apothecary and get him to prescribe, or referring an eye case to an optician.

Morning Exercise.—Early morning exercise is denounced by hygienic teachers. At that time vitality is at its lowest ebb and needs the stimulation of food.

UTERINE HEMORRHAGE.

By B. Bernard Browne, M.D.,
Professor of Gynecology, Woman's Medical College of Baltimore.

SECRETARY'S REPORT OF REMARKS MADE BEFORE THE MEDICAL SOCIETY OF THE WOMAN'S MEDICAL COLLEGE, MARCH 22, 1898.

The subject of uterine hemorrhage has engrossed the attention of medical writers from the very earliest period. Hippocrates, in his second book (Περι γυναικειων) on "Diseases of Women," gives a full description of fluor rubra or uterine hemorrhage, and the treatment which is recommended by him is followed to some extent at present, even after the lapse of 2000 years: a sponge is to be wetted and applied to the pudenda, soft garments are to be moistened with cold water and laid on the belly, and the foot of the bed is to be raised.

Celsus also mentions the frequency of uterine hemorrhage occurring after miscarriages, and states that "when putridity of the discharge occurs many women thus perish; indeed, few recover." Soranus of Ephesus (A. D. 98-125), in his celebrated work, "De Utero et Pudendo Muliebri," advises that in cases of uterine hemorrhage the woman be put in the knee-chest position and tampons, saturated with a decoction of galls, be inserted into the vagina.

In the Bible, also, we find many allusions to uterine hemorrhage, as in Leviticus 15: 25, in referring to "the woman having an issue of blood many days out of her ordinary time or that ceaseth not to flow after the monthly courses," etc. And in Luke 8: 43, "And a woman having an issue of blood twelve years, which had bestowed all her living upon physicians, neither could be healed by any."

Uterine hemorrhage may occur in the unimpregnated uterus, during pregnancy or after delivery or abortion. The two latter forms depend generally on special causes, which have to be studied in connection with pregnancy and delivery. The scope of my remarks will, therefore, be confined to the first class. Menorrhagia or metrorrhagia may assume various forms, both in regard to the amount of blood discharged and to the period of

their persistence. The most frequent causes are some disease of the uterus, such as endometritis, especially of a gonorrheal origin, chronic metritis, subinvolution, lacerated cervix, a granular condition of the os, a fibroid tumor, a polypus or cancer. Displacements of the uterus and ovarian diseases may also be causes.

Certain acute infectious diseases are apt to cause profuse menstruation, especially smallpox, scarlet fever, typhoid fever and inflammatory rheumatism. Diseases of the heart, liver and kidneys are also frequent causes.

Uterine hemorrhage may also be considered under the following classes:

1. From birth up to the period of puberty.
2. From puberty to the menopause.
3. After the menopause.

Many of the cases of supposed hemorrhage of the uterus and premature menstruation in infants and children are doubtless caused by slight lacerations and lesions at the vulva or in the vagina.

A short extract from the histories of the following sixteen cases taken from the records of my service in the Hospital of the Good Samaritan during the past sixteen years (out of a large series of such cases) will serve the purpose of bringing before you the great variety of conditions under which uterine hemorrhage may occur and also remind you of the great progress that has been made in the treatment of this condition.

Case 1—March 26, 1883.—Elizabeth G., colored, married, aged forty. Metrorrhagia since December 10, 1882. No pain. Dilated cervix with tupelo and sponge tents, and March 30 removed a fibroid tumor from the uterine cavity. April 30 cured.

Case 2—April 24, 1883.—Frances G., colored, single, aged thirty-eight. Menorrhagia for the past twelve years. Diagnosis, intrauterine fibroid. Tumor removed April 26; discharged cured May 8, 1883.

Case 3—November 14, 1883.—Rachel T., colored. Uterine hemorrhage. Uterus enlarged. Dilated cervix and removed fibroid tumor from the fundus. Discharged cured December 5, 1883.

Case 4—May 20, 1884.—Susan M., colored, single, aged twenty-four. Metrorrhagia for two years; very profuse. Diagnosis, fibroid uterus. Laparotomy. Tubes and ovaries removed. Hemorrhage ceased. Discharged cured. Examined two years afterward; no return of hemorrhage; uterus much smaller.

Case 5—October 30, 1883.—Mrs. I., aged twenty-eight, white, married ten years, two children; youngest six years old. Three months after confinement had a severe hemorrhage from the vagina, which continued for nine weeks; has had profuse hemorrhages every two or three weeks since that time. Diagnosis of chronic inversion of uterus was made. Operation November 2, 1883. Discharged cured November 14, 1883. (*A new operation for chronic inversion of the uterus.—New York Medical Journal, November* 24, 1883.)

Case 6—November 21, 1887.—Mrs. Minnie H., white, married, aged thirty-five. Has had hemorrhages at repeated intervals during the past year. Diagnosis, cancer of the cervix and anterior vaginal wall. Curettage and applied tampon of a saturated solution of chloride of zinc. Entire uterus sloughed out. Hemorrhage cured. Discharged December 20, 1887.

Case 7—June 19, 1888.—Mrs. C. W., white, married, aged thirty-nine; seven children. Been sick one year; bleeding at times since the birth of the last child, two years ago. Diagnosis, polypus on uterine wall. June 21 operated. Discharged well July 24, 1888.

Case 8—October 15, 1889.—Mattie D., mulatto, widow, aged thirty-one. Uterine hemorrhage for the past two years. Diagnosis, fibroid tumor of the uterus. Operated October 16; removed tumor size of a small fetal head. Discharged cured October 29, 1889.

Case 9—June 30, 1890.—Mrs. Lena B., white, widow, aged forty-seven. Has had menorrhagia and metrorrhagia for the past two years. Cystocele and rectocele, bilateral laceration of the cervix, perineum ruptured down to the sphincter. On July 3 curetted and operated for all the other conditions. Discharged well July 19.

Case 10—March 19, 1891.—Miss Mar-

garet C., white, single, aged forty. Has had uterine hemorrhage for the past year. Uterus enlarged. Dilated the cervix and removed a mass of soft growths from the cavity. May 4 discharged well. June 25 she returned to the hospital complaining of return of hemorrhage. June 26 uterus thoroughly curetted; large carcinomatous-looking growths were removed which, upon examination, proved to be malignant. July 13 vaginal hysterectomy was done. She did well until the third day, when the nurse injected the vagina with a bichloride solution by mistake. She died the following day.

Case 11—July 20, 1891.—Mrs. Anna* C., white, aged thirty-five. Has had several children. Uterine hemorrhage for past year. Diagnosis, epithelioma of the cervix. July 21 vaginal hysterectomy. Discharged August 29 well.

Case 12—September 29, 1891.—Mrs. Virginia P., white, married, aged forty-five. Uterine hemorrhage for the past year. Diagnosis, ovary prolapsed, lacerated cervix and endometritis. Cervix repaired, uterus curetted. Left the hospital well October 15.

Case 13—January 29, 1896.—Annie P., colored, single, aged forty-six. Was under Dr. Smith's care for cardiac hypertrophy; had also profuse uterine hemorrhages from a fibroid uterus. Curetted under chloroform April 27; hemorrhage ceased.

Case 14—September 28, 1896.—Julia S., single, colored, aged forty-six. Uterine hemorrhages for one year; uterus in a state of fibroid degeneration. Hysterectomy by combined method. Discharged cured November 14, 1896.

Case 15—April 24, 1897.—Emily W., colored, married. Menorrhagia for past year. Diagnosis, endometritis and lacerated perine. Operated May 1; discharged cured May 26.

Case 16—May 3, 1897.—Maggie S., colored, married, cook, aged thirty. Uterine hemorrhage. Diagnosis, subperitoneal fibroid. Laparotomy June 23. Myomectomy; removed two tumors the size of a goose egg and sixteen smaller ones. Discharged June 23 cured.

*This patient has been seen by me in the last few weeks. She has been in excellent health since the operation.

Society Reports.

SECTION ON OPHTHALMOLOGY —COLLEGE OF PHYSICIANS OF PHILADELPHIA.

MEETING HELD MARCH 15, 1898.

Meeting March 15, 1898, George C. Harlan, chairman, in the chair.

Dr. G. C. Harlan's second case of Kerato-globus, a sister of the case shown at the February meeting, presented many features similar to it—globular distention and perfect transparency of both corneas; deep anterior chambers; oscillating irides; lenses present; hyperopia of 5 D. and no cupping of disks. The horizontal diameter of each cornea is 14 mm. and of each ball at the equator 24 mm.; the pupils are only 1 mm. and under atropine 2½ mm. During the past two months the vision has been failing and the fields are decidedly limited. The optic disks examined with difficulty on account of the small pupils, appear dull and gray and the retinal veins engorged. The lowered vision is accounted for by the condition of the nerves and is independent of the kerato-globus. The parents and three children of the patient have no unusual ocular condition. The occurrence of this anomaly in two members of a family confirms the view of its congenital origin.

Dr. Edward Jackson found the curvature of the corneas to be uniform almost to the scleral junction, and that the lenses were present but displaced slightly downward.

Dr. W. F. Norris believed the R. lens was present, but in the left eye its presence was doubtful. The patient was probably suffering from progressive optic neuritis.

Dr. Edward Jackson showed a case of "Anomaly of the Iris." The man, aged sixty-nine, had good sight until nine years before, when he had severe pain in the right eye and the whole right side of the head. This eye now presents high irregular astigmatism and a pale optic disk; Vn. 2-40. The left eye had continued good until four years ago, when vision became impaired without pain or inflammation. There was a macula of the

outer portion of the cornea; some opacity of the lens, and the iris at its upper, inner portion exhibited a small area entirely devoid of pigment, through which the fundus reflex was obtained. In this direction also there was an entire absence of the sphincter of the pupil. Other portions of the pupillary margin reacted to light, but this remained fixed. The pupil and iris of the right eye were normal. Patient denied all history of injury or inflammation in the left eye, and was positive this had remained good after the right eye had been impaired.

Dr. Charles L. Leonard, by invitation, exhibited and described his apparatus designed for the localization of foreign bodies within the cranium and orbit. It consists of a yoke that can be firmly fastened to the patient's shoulders; adjustable upon this yoke is an upright frame which supports the plates, and to which the patient's head is firmly fastened by bands during the entire series of observations. Rigidly connected with this, but adjustable at any angle, in a plane perpendicular to the photographic plates, is an arm which carries the *x*-ray tube. The relational angle can always be read from a divided arc situated at the articulation. The apices of these angles is marked upon the skin and shown upon the photographic plates by two lead ferrules, which are always placed upon the margins of the plates, and do not, therefore, cast their shadows in the field of observation. They slide upon an aluminum wire permanently placed upon the upright frame. The tube, foreign body and plates are, therefore, held in a known, rigid relation to each other and the known point, while a series of observations is made, which give the data from which their mutual relation may be mathematically determined or may be accurately measured by the graphic method. The sources of error common to other methods, but avoided by this rigid apparatus fixed to the patient, are changes in the relation of the tube, foreign body, known point and plates by unconscious motion of the patient or during the interchange of plates. An additional advantage is the absence of all foreign bodies from the field of observation. The *x*-ray "burn" is not due to the *x*-ray, but to the static electric charge induced in the tissues of the patient by the high potential induction field surrounding the tube. It is never serious, and may be prevented by introducing a "grounded" aluminum conductor as a shield between the tube and the patient.

Dr. Howard F. Hansell reported a case of diagnosis of the presence of a piece of steel in the left eye by the *x*-ray and its localization by the method of Dr. Wm. M. Sweet. It was extracted from its site under the lower periphery of the lens after iridectomy, by the medium-sized curved tip of the Hirschberg magnet. It weighed 9.5 mg. and measured 4x2x9-10 mm. The eye recovered perfectly from the injury, although vision is reduced to the perception of large objects on account of blood in the vitreous chamber. The *x*-ray plates, so valuable in the treatment of the injury, unexpectedly revealed the presence of another fragment of steel in the orbit near the external outer angle, of which no history whatever could be obtained. The only plausible explanation of its presence was that it entered cotemporaneously with the other injury. Against this supposition, however, is the absence of any external wound, of hemorrhage, of bruise or contusion of the tissues, and that the second fragment was found after removal to consist of steel of a different character and quality from those of the other. Its localization was forcibly demonstrated by the response to the magnet, which, when passed over the skin in its immediate neighborhood, was invariably puckered and elevated. With the aid of the magnet it was easily excised, and its dimensions were found to be 6x1x¼ mm. and its weight 23.5 mg.

Dr. Wm. M. Sweet reported, by invitation, the results of his experience in the localization of foreign bodies in the eyeball by his apparatus. The various methods that have been employed resolve themselves into a determination of the angle of the *x*-ray tube with the foreign body and with one or more dense objects situated near the eyeball. Approximate results have been obtained from a study of the shadow of the foreign body in relation to the shadows of the orbital

bones, but owing to the variations in the position of the eyeball, which have been shown by the investigations of Cohen to amount in healthy individuals to as much as 10 mm. behind the edge of the orbit and 12 mm. in front of the same, this method does not equal the accuracy possible by other means. Whatever form of indicating objects is used in working out the position of the foreign body, certain factors are essential to accurate results: (1) A tube should be used which may be run at high vacuum, in order that the rays readily penetrate the bones of the head; (2) The patient should be in the recumbent posture to ensure steadiness of the head and body; (3) The visual axis should be parallel with the plane of the plate at the side of the head, or, if it deviates, the angle should be measured and allowed for in the determinations; (4) The situation of the indicating objects with respect to the center of the cornea in each individual case should be known, otherwise the determination of the location of the foreign body will vary with the varying situation of the eyeball in the orbit in different persons; (5) The angle of the tube with the indicating objects must be accurately measured. The two indicators being parallel with each other and with the plate, the distance the shadow of one of the balls is posterior to that of the other is the measure of the distance that the source of the *x*-rays is carried to the front. The method has been employed in a number of cases of suspected foreign bodies in the eyeball and orbit, in seven of which the shadows of the bodies were obtained on the plate and their position indicated. Three of the cases were gunshot injuries, in which the findings were not verified by subsequent operation. One case was sent to me by Dr. de Schweinitz, one shot being located in the left eye and one in the right orbit outside of the eyeball. Two cases of gunshot injury were skiagraphed for Dr. Hansell, in one of which the shot was located at the apex of the orbit, and in the other patient the position of several shot was indicated, one in the eyeball, one in the orbit beneath the superior orbital ridge and one in each nasal cavity. Recently I made several radiographs of a patient for Dr. de Schweinitz, in which the piece of metal was located in the lower nasal portion of the sclera. Certain clinical signs appeared to indicate the determination made as correct. The accuracy of the method of localization has been clearly shown in the patient of Dr. Wm. Thomson, previously reported, and in the patient of Dr. Hansell, shown this evening. An apparatus to accommodate a larger plate has been constructed upon the same principle, which may be employed for locating foreign substances in the head or any other part of the body.

Dr. A. W. Goodspeed wrote: In my opinion the simplest and most effective way to avoid *x*-ray burns is to employ an apparatus powerful enough to admit the tube being placed from eighteen to thirty inches from the plate with an exposure far within the limits of danger, say not over ten minutes as a maximum. I prefer a slow-running break also. My experience is certainly consistent with these views.

Dr. G. E. de Schweinitz detailed a case of a piece of "Steel Imbedded in the Sclera" for two and one-half years, localized by Roentgen's rays according to Sweet's method. In November, 1895, a piece of steel entered the eye, probably near the corneal margin at the inner side. In March, 1896, a radiograph of the eye indicated that a foreign body was located in the orbit at the upper nasal side. It was deemed inexpedient to make search for it. In February, 1898, when Dr. de Schweinitz first saw the case, V. 6-20; eye quiet; marks of a previous iritis; capsule and lens partly opaque; floating opacities in the vitreous. With undilated pupil no foreign body could be detected in the vitreous or in the coats of the eye. A series of skiagraphs taken by Dr. W. M. Sweet located it 11 mm. below the center of the cornea, 3 mm. to the nasal side and 10 mm. back of the cornea. A second series taken while the eye was rotated as far as possible downward shows a movement of the body practically equal to the extent of the rotation of the eyeball downward. This would seem to determine the sclera as the site of the body. With wide pupil dilatation

a small patch of choroidal atrophy streaked with pigment, and with a black center exactly in the position indicated by the radiographs, could be seen. Just over this location the sclera was sensitive to the touch of the probe. The field of vision was markedly contracted and there was uncertain limitation opposite to where the body was supposed to lie. The patient refused to permit an exploratory operation.

Dr. A. G. Thomson has had frequent opportunities of studying Dr. Sweet's method and had found it precise and practical. In reference to the burns from *x*-rays, he believed that the practical advantages gained by the *x*-rays far outweighed the deleterious effects produced by them. After making this statement before the Association of R. R. Surgeons in Chicago, October, 1897, it was stated that six suits for malpractice were pending in the Chicago courts as a result of injuries sustained by the *x*-rays. In two cases an ear had sloughed away and in one an eye had been lost. Therefore, it was the custom to use the *x*-ray only on the patient's own responsibility.

Dr. C. L. Leonard replied, in answer to several questions by Dr. Wm. Thomson as to the details of his instrument, that it had been devised for the localization of foreign bodies anywhere in the head, including the orbit, and although it had demonstrated in a number of cases the site of the foreign bodies in the eyeball with great accuracy, none of these cases had as yet been operated upon, as the results of removal upon the improvement of vision had not sufficiently demonstrated the value of this procedure to induce the surgeons in charge to operate, and none of the cases had required enucleation. The exposure employed was from five to ten minutes, with the tube at a distance of eighteen to twenty inches. He preferred this distance, because the relation of any error, produced by unconscious movement of the eyeball, to these greater factors in the calculation was almost without effect upon the final result, while in methods in which the calculations were based entirely on shorter measurements, with the fixed point on the eyeball, not only the foreign body, but also the fixed point would be moved, doubling the amount of error made, while the short distance of the measurements made the error produce a greater effect upon the final result. He followed numerous other observers in preferring to keep the patient's eyes closed during the observation, the visual axis being readily determined by observing the prominence of the cornea through the closed eyelid.

Dr. W. M. Sweet, while acknowledging the possibility of error from movements of the eyeball during the exposure, stated that he had found no difficulty in having the patient steadily fix an object during the short time now required in making the radiographs. With the eyelids closed as suggested by Dr. Leonard there was no means of determining the visual axis, an important factor in accurate work. It is not alone necessary to state the distance the body is from a fixed point at the side of the head. The surgeon to successfully remove the body must know the relation which this spot bears to the structures of the eyeball. A body located a certain distance from a fixed point of the apparatus might be inside the globe in adduction and outside in the orbit in abduction. There must exist a factor of uncertainty in any determination of the position of a foreign body in the eye that fails to take into account the axis of the globe with the photographic plate and the indicating objects, and also the varying position of the eyeball in different individuals with respect to the external orbital angle.

HOWARD F. HANSELL,
Clerk of Section.

DIAPHRAGMATIC HERNIA.— Dolinsky (British Medical Journal) states that a healthy woman gave birth to a female child, which was very livid. The heart could be felt beating on the right side. All the usual methods to promote respiration proved useless, and the infant speedily died. A necropsy was performed, and the left half of the diaphragm was found wanting. The abdominal viscera had entered the thoracic cavity, pushed the heart to the right, and pressed the left lung, which formed a very small solid mass.

Medical Progress.

Drinking Water.—Persons, as a rule, know so little about how and why they drink water that it is a pleasure to read in the Medical Record Dr. B. C. Loveland's ideas on this subject. He finds that "in the routine of a doctor's life a great portion of his time is taken up in answering questions, and sometimes it requires much patience and the exercise of the greatest tact and ingenuity to give answers which will either satisfy the patient's curiosity or convince him of the wisdom of the order that may be the subject of his inquiries. In the present day, when the practice of medicine has become so far removed from the old-time practice of 'physic' and the physician has to depend on his knowledge of physiological law, and the thoroughness with which he enforces obedience to physiological law among his patients marks his degree of success, the questions elicited by the regulations he may impose may be of great importance, for the patient today is a rare one who will go ahead and unquestioningly obey the advice of the physician, and who will not, like the proverbial boy, always have his mouth set for 'Why?' In trying to induce my patients to drink the amount of water, nine or ten glasses a day, regarded as a physiological necessity by the medical profession, I have met with a host of questions, mostly raised as objections, some samples of which, with their answers, will comprise this paper, and my hope is that they will help some one who is trying to secure obedience to this part of nature's requirement.

"'Will not water make me fat?' It is a well-known fact that most people dread becoming unduly fat, and this question is a very common one. The answer is yes and no. Water will make you fat if it increases your ability to assimilate food, if by drinking more water you are enabled to take into the system more of the food that you eat. In no other way will it make you fat. There is evidently no fat in water. It will not make you fat if your digestion is perfect already and you do not eat a great abundance of such foods as produce fat. In fact, I have often seen people reduce fat, who needed to do so, by drinking a large quantity of water and using a properly regulated diet.

"'Will not so much water strain my kidneys?' is another question which is asked almost as frequently as the preceding one. The answer is simple. Water does not strain the kidneys any more than more help in building a house strains the workmen. The excretion of the kidneys is twofold—water and certain other materials, which are the result of the wear on the tissues. This water is the vehicle in which are carried in solution all the ingredients of waste tissue which the system is trying to get rid of. The flow of water through the kidneys to the bladder simply furnishes a current in which to carry off the dissolved detritus; therefore the drinking of a physiological amount of water cannot strain the kidneys.

"'If water will thin my blood when it is too thick, will it not make it too thin if I continue to drink so much?' This question is often asked by patients of plethoric habit and lithemic tendencies whom I am trying to impress with the necessity of getting the system thoroughly washed out, and the question seems a logical one. The answer, however, makes it plain. The blood craves a certain percentage of water; that certain percentage it will take up and hold, providing a continual supply is being added, but with the blood-pressure and circulation automatically regulated by the mechanism which is called the sympathetic nervous system, and with the ready outlet afforded by the kidneys, all water taken in above the amount required to keep the blood at its normal proportion of fluid and solid is passed on, through and out, and does its duty simply by washing the system of its impurities. It is often the case that water given in free quantity to a patient suffering from anemia so assists the digestion that it will help thicken the blood, while in a person of plethoric habit the action is quite the reverse.

"'Will drinking a large amount of water continuously produce catarrh of the bowels or bladder?' This question has been seriously asked by patients from the fact that a person unaccustomed to drinking the physiological amount of

water finds the first effect of drinking such an amount to be the necessity of a frequent evacuation of the bladder, and not infrequently it may also cause looseness of the bowels. But we find by experience as well as by logic that the use of such an amount of water as is a physiological necessity does not produce catarrh of the bladder, but rather helps such troubles by so diluting the urine as to render it less irritating, thus giving nature a chance to cure the trouble. And not infrequently catarrh of the bowels may be due to an insufficient elimination by the kidneys, in which case the bowels attempt to take up work left undone by the kidneys, and the expression of this effort is indicated by the catarrh, which will be relieved by drinking a sufficiently large quantity of water.

" 'Will not drinking water make me perspire unduly?' Drinking water up to the physiological amount in the case of a person who has not perspired for years, owing to a lack of sufficient water, may temporarily produce excessive perspiration, such perspiration lasting only, like the flushing of the kidneys, until the system has been relieved of the poisons that can be excreted in that way. In other words, free action of the kidneys and skin, following the use of a normal amount of water when the patient has been for a long time deprived of that amount, is only nature's expression of joy at having once received her deserts.

" 'Will not cold water chill my stomach and thereby cause harm?' The reply to this question is, unduly cold water might—ice water, for instance; but water at a temperature making it pleasant to drink, say from 45° to 60° F., will not chill the stomach. An illustration from nature is shown in the fact that nearly all our springs are cold, very few hot. Most of the water we drink should be cold; hot water should be used for other purposes than to supply the system with the necessary fluid.

"But my patient says: 'Water-drinking gives me gas on the stomach, and, if it does so, I should not drink it, should I?' Why not? There is no gas in water. If gas appears in the stomach, or is noticed in the stomach after drinking water, it simply shows that gas was there before, and the water, displacing the gas, causes more or less eructation, and is frequently one of the best methods to relieve the stomach of gas.

" 'Doctor, if water turns sour on my stomach, I suppose it is a sign that water disagrees with me, isn't it?' Water does not sour in anyone's stomach. It may bring to the knowledge of the patient the fact that an acid condition exists in the stomach, in the same way that it brings to him the knowledge of the presence of gas in the stomach, but it will not produce acidity any more than it will produce gas, and if acid is in the stomach it was there before, and instead of making it worse water will manifestly make it better. The more water we put into vinegar the less acid it is, and the more water we put into the stomach the less concentrated will be the acid, be it fermentation acid or not. Consequently the answer to this question is that it is not a sign that water disagrees with a person, but a sign that something else needs attention and the water is not contraindicated.

" 'Will not water drunk at meals retard digestion?' In a majority of cases the answer will be, No. It does not retard digestion unless it is drunk in undue quantity and used as a means of washing the food down to save the labor of properly masticating it and mixing it with saliva. A moderate quantity of water in most cases aids digestion by increasing the fluidity of the contents of the stomach and thereby favoring the admixture of the gastric fluid with the food.

" 'Shall I drink hot or cold water?' The use of hot water is valuable when there is pain or distress in the stomach, and should be then favored. In the case of a delicate, sensitive stomach, when the patient cannot be induced to drink the necessary amount of cold water, it is often easier to get him to take it hot, but for general purposes most of the water drunk should be used cold, or cool, for the tonic effect of cool water on the stomach is greater than that of hot, just as its tonic effect on the skin is greater.

" 'I should not drink water, should I, unless I am thirsty?' The reply to this question is that the lack of thirst in a grown person is no indication of his need

of water or not. A child is always thirsty, and we would be thirsty at proper intervals, so that the appetite would be a guide, if we did not from preoccupation or some other cause which makes us inattentive to the impulse neglect it, until we find it often absent altogether. When such a condition exists manifestly thirst is not to be regarded as an indication of the patient's need, for many patients say they are never thirsty.

"Several of the questions asked and answered in this paper owe their origin to theories that have come down from our ancestors in medicine, and perhaps from our grandmothers, who were not our ancestors in medicine. The absurdity of the old-time notions about water may be well illustrated by the following extract on the medical view of the use of water about three centuries ago taken from the Hospital:

"'It needed a very bold man to resist the medical testimony of three centuries ago against water-drinking. Few writers can be found to say a good word for it. One or two only are concerned to maintain that "when begun in early life it may be pretty freely drunk with impunity," and they quote the curious instance given by Sir Thomas Elyot in his "Castle of Health," 1541, of the Cornishmen: "Many of the poorer sort, which never, or very seldom, drink any other drink, be, notwithstanding, strong of body and like and live well until they be of great age."

"'Thomas Cogan, the medical schoolmaster of Manchester fame, confessed in his "Haven of Health," 1589, designed for the use of students, that he knew some who drank cold water at night or fasting in the morning without hurt; and Dr. James Hart, writing about fifty years later, could even claim among his acquaintances "some honorable and worshipful ladies who drink little other drink and yet enjoy more perfect health than most of them that drink of the strongest." The phenomenon was undeniable, but the natural inference was none the less to be resisted.

"'Sir Thomas Elyot himself is very certain, in spite of the Cornishmen, that "there be in water causes of divers diseases, as of swelling of the spleen and liver." He complains oddly also that "it flitteth and swimmeth," and concludes that "to young men and them that be of hot complexions it doeth less harm, and sometimes it profiteth, but to them that are feeble, old and melancholy it is not convenient."

"'"Water is not wholesome cool by itself for an Englishman," was the version of Andrew Borde—monk, physician, bishop, ambassador and writer on sanitation—as the result of a life's experience. And to quote the "Englishman's Doctor:"

"Are enemies to health and good digestion,
Both water and small beer, we make no question."

"'But the most formal indictment against water is that of Venner, who, writing in 1622, ponderously pronounces: "To dwellers in cold countries it doth very greatly deject their appetities, destroy the natural heat and overthrow the strength of the stomach, and consequently, confounding the concoction, is the cause of crudities, fluctuations and windiness in the body."'"

* * *

Enlargements of Epiphyses After Gonorrhea.—M. Paul Claisse relates in the Lancet of a girl, aged nineteen years, who showed a new and peculiar complication of gonorrhea. In the position of the costal cartilages persistent pain had occurred which was increased by sudden movements of the thorax and still more by pressure. A series of nodosities developed on the cartilages meriting truly the name of gonorrheal rosary. Analogous swellings appeared at the superior epiphyseal junctions of the tibiæ. There was no affection of the joints or tendon sheaths. The patient was of small stature, which, with the form of her thorax, might suggest that the disease was a manifestation of rickets awakened by gonorrheal infection. But as the existence of gonorrheal osteo-periostitis had been demonstrated by Fournier and others, M. Claisse thought that it was natural to attribute the lesions to the direct action of the gonococcus. He explained the special localization by the age of the patient, whose ossification was not yet completed.

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BALTIMORE, APRIL 16, 1898.

The Pharmacy Law.

WHILE physicians may be congratulating themselves that the medical-practice act was not amended at the last meeting of the Mayland Legislature and the standard of medicine has not, at least, been lowered, they should regret that the Pharmacy Commission failed to convince the legislature of the necessity of passing a law regulating the practice of pharmacy in Maryland and especially in Baltimore, or to so improve the present law that the Commission may have some power.

In the treatment of any case the physician and pharmacist should work together, and the best diagnosis, with the most carefully written prescription, can avail but little if the pharmacist does not understand his business. The evils of substitution have been so often spoken of, especially by the wily manufacturer, that they are well understood, but the evils of the incompetent and careless pharmacist are not sufficiently emphasized.

If the druggist does not do his work the diagnosis of the clinician will help but little. Messrs. Culbreth and Hynson, who were respectively president and secretary of the Pharmacy Commission of Maryland, proposed certain changes and amendments to the pharmacy law which were for the good of the druggists, the doctors and, most of all, for the people. The legislature, which is so often ignorant of all things save the science of political advancement and self-enrichment, failed to pass a law, and hence these two officers of this Commission have resigned.

The present law is not at all efficient and does not prevent the employment of inefficient dispensers and adulteration and substitution. Indirectly this will bring with it the great evil of counter prescribing. Perhaps the next legislature may see fit to make some change in this law. Meanwhile the profession should select and recommend as far as possible only those pharmacists whose ability is assured and who are in every way competent.

* * *

The State's Health.

THE meeting of the Maryland Public Health Association, which takes place the second week in May, gives promise already of being one of the most successful of that body, and in this connection reference may be made to the general good effect of this association on the welfare of the State at large. It began as a conference of the health officers of Maryland, and then under its present name it has begun to make its influence felt in most parts of this State. Not only have the two meetings each year brought together members both lay and medical from all parts of this State, but in some of the counties local health associations have been formed in order to teach the people the advantages to be gained by cleanliness and clean surroundings.

The annual orator at this meeting will be Colonel George E. Waring, whose experience in keeping New York clean is well worthy of imitation. If physicians have cause to complain that they have less to do than formerly, let them carry their complaints before this association. If the daily papers record many instances of long life, let them be attributed in part to united efforts to drive away disease and promote cleanliness.

The work of the Maryland Public Health Association is not extensive, but it has proved itself very powerful, and those interested in sanitary science should not fail to aid the work of this association by affiliation.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 9, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	38
Phthisis Pulmonalis	..	12
Measles	62	4
Whooping Cough	8	1
Pseudo-Membranous Croup and Diphtheria.	12	5
Mumps	..	..
Scarlet Fever	11	2
Varioloid	..	..
Varicella	2	.
Typhoid Fever	2	5

The Association of American Physicians will meet in Washington May 3, 4 and 5.

Seventeen graduates received their degrees at the Baltimore Medical College last week.

Dr. Charles K. Mills is now professor of neuropathology at the Philadelphia Polyclinic.

The State of Maryland has given the Johns Hopkins University $50,000 a year for two years.

Gruber, of ear fame, has retired from his chair at Vienna, and Politzer will take both chairs.

Dr. J. M. Scandland has been appointed resident physician at the City Hospital of Baltimore for the ensuing year.

Thirty-six were graduated at the commencement of the College of Physicians and Surgeons last Wednesday night.

The New York Assembly is said to favor a bill preventing the so-called "face specialists" from plying their trade in that State.

Dr. Eugene F. Cordell has removed his office to No. 401 Park avenue, corner of Mulberry street, where his office hours are 1 P. M. and 8 P. M.

The Maryland Public Health Association will meet in Baltimore May 11 and 12. Col. George E. Waring, ex-City Commissioner of New York, will deliver the annual address.

By the will of the late Miss Duhurst of Baltimore $500 each was left to the Presbyterian Eye, Ear and Throat Charity Hospital, Woman's Hospital and the Union Protestant Infirmary.

Dr. A. C. Bernays of St. Louis is fighting a suit for $60,000 brought against him by a man the photograph of whose child he reproduced in a medical journal in connection with the case.

Kolisko has succeeded Hoffman in the chair of legal medicine in the University of Vienna. Many physicians remember the good work of Kolisko and Paltauf in the pathological laboratory at Vienna.

Through the effort of Dr. Howard Bratton, Health Officer of Elkton, a meeting was held in that place last week for the purpose of organizing a local branch of the Maryland Public Health Association.

Last week at Thomas Run, near Belair, Md., died Dr. John F. Bull, who was born in 1822 and was graduated from the University of Pennsylvania in 1851. He practiced in Baltimore for a short time.

The high mortality rate among the colored race in Baltimore has aroused the attention of the more intelligent members of that race, and a movement is on foot in that city to improve the sanitary condition of this people.

There are said to be dissensions in the medical school of the New York University, and it is likely at the end of the present session that several physicians will withdraw from the university, and report says they will form a new medical school as a medical department of Cornell University.

The faculty of the College of Physicians and Surgeons, in connection with their annual commencement and alumni meeting, arranged a series of nine very interesting clinics extending over Tuesday and Wednesday. This was a novelty which was much appreciated by the alumni who attended.

The "Medical Annals of Baltimore," which were edited by the late Dr. John R. Quinan in 1884, are to be revised by Dr. Eugene F. Cordell, who has been appointed by the Medical and Chirurgical Faculty to bring the work up to date and issue it as a centennial volume of the Faculty in 1899.

Dr. Henry Page, a recent graduate of the University of Maryland and the son of Judge Henry Page of Princess Anne, last fall took the army examination, standing first among a large number of applicants. Dr. Page, who is now assistant-surgeon, ranking as first lieutenant, has been ordered to San Francisco, but in case of war may be sent to Florida keys.

Washington Notes.

Drs. John L. Norris and Lewis J. Battle have been appointed inspectors to prevent the spread of contagious disease.

Judge Hagner's decree has been reversed by the Court of Appeals, and Providence Hospital will now get the appropriation for the contagious ward.

Dr. Samuel C. Busey celebrated the golden anniversary of his graduation as doctor of medicine Friday evening. Among the out-of-town guests were Dr. Jacobi of New York, Dr. Pepper of Philadelphia, Dr. Blacklader of Montreal, and Drs. Kelly and Hurd of Baltimore.

The following doctors were elected to membership in the Medical Society of the District of Columbia Wednesday evening: Drs. Edmund Barry, A. W. Boswell, L. H. French, George Winslow Foster, M. Griffith, A. Barnes Hooe, M. D'Arcy Magee, H. S. Medford, Murray G. T. Motter, J. B. Nichols, L. S. Savage, Wm. Peyton Tucker, James R. Tubman.

At the regular monthly meeting of the Therapeutical Society Dr. John T. Winter was elected president for the ensuing year; Dr. R. W. Barker, vice-president; Dr. George Clark Ober, corresponding secretary; Dr. Thomas Kelly, recording secretary, and Dr. J. S. McLain, treasurer; censors, Drs. Leech, Dufour, Cole; editing committee, Dr. Barnes, acting with the president and secretary of society. The essayist of the evening, Dr. Kolipinski, presented a paper entitled "Some Observations of the Poisonous Effects of Lithia Tablets."

At the annual meeting of the Medical Association of the District of Columbia, Tuesday evening, Dr. George M. Kober was elected president; Drs. Eliot and Cuthbert, vice-presidents; Dr. J. R. Wellington, secretary, and Dr. Frank Leech, treasurer. The councillors elected were Drs. Mayfield, Stone, Acker, McLain, Ober, Carr, Leech, Johnson and Holdon; the censors, Drs. Woodward, Cook and Glazebrook. The following were elected delegates to the Denver meeting of the American Medical Association: Drs. Heiberger, I. S. Stone, H. L. E. Johnson, Crosson, Portman, Moran, Belt, Kober, Koones, Reyburn, Kleinschmidt, Middleton, Carr, Shouds, Franzoni, Hazen, S. S. Adams, Myers, Huineche, Cook, Behrend, Bovee, L. Eliot, D. O. Leech, Bowen, Mackall, Jr., Wellington, Barker, Fox, J. Eliot, Butler, Glazebrook, Godding, J. T. Cole, Hunt, Sillers, J. D. Morgan, Hagar, Duffey and Woodward. The following doctors were elected to membership: Drs. James T. Arwine, Grafton D. P. Bailey, William Thompson Burch, DeWitt C. Chadwick, James William Hart, Isabel Haslup, J. M. Heller, Theodore Y. Hull, William P. Mills, John Benjamin Nichols, Jno. L. Norris, Jesse N. Reeve, William N. Suter, Joseph Stiles Wall, Wm. Edward West.

Book Reviews.

A Compendium of Insanity. By John B. Chapin, M.D., LL.D., Physician in Chief, Pennsylvania Hospital for the Insane, etc. Philadelphia: W. B. Saunders, 1898.

In his preface the author rather forestalls criticism by saying that this little volume is intended for students, practitioners and members of the legal profession. In a mild way the old French proverb, "*qui s'excuse, s'accuse*" is applicable in this case. The very elementary character of this book might recommend it to the legal profession, but certainly the student and the general practitioner require somewhat stronger food than is offered here. Imbecility and idiocy are dismissed in a little over two pages, and the various forms of insanity, or, rather, a limited number of mental diseases, are treated of in the most meager, elementary and altogether unsatisfactory way. A perusal of the very brief space devoted to paranoia, five pages, will give an idea of he meagerness of the volume. The section on morbid anatomy is notable for the absence of modern views on this interesting subject.

It is a distinct disappointment when one who has had the wide experience of the author should attempt to write a so-called compendium. Doubtless he could have given the profession a most valuable contribution drawn from his wide experience if he had not been tempted into the "compendium" snare. As it is, he has added nothing to our knowledge and has only produced another of those "handbooks" akin to "quiz compends," from which may the Lord deliver us.

The Year Book of Treatment for 1898. Philadelphia and New York: Lea Brothers & Company.

There is very little to say of a work which has appeared for fourteen consecutive years

and is always so well received as this "Year-Book." The new remedies, of which their name is legion, have been suitably noticed, and even the synthetical preparations with fancy names are not neglected. In surgery the latest achievements are noted. The work is written from an English point of view and most of the authorities quoted are from Great Britain. The changes in the staff of contributors are the addition of Dr. G. A. Gibson and Dr. Herbert P. Hawkins.

THE JOURNAL OF THE ALUMNI ASSOCIATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS. Baltimore. Volume I, Number 1. April, 1896.

The first number of this quarterly presents a very attractive appearance. It opens with an address by Dr. A. B. Arnold; then follow papers by Drs. Ruhräh, Keirle, Julius Friedenwald, Brack, Preston, Rosenthal, McCleary and Ewing. Dr. William S. Gardner, who is associate professor of gynecology, is editor of this Journal, and Dr. William J. Todd of Mt. Washington is the business manager. It is well printed and contains many fresh news items, which will be read with pleasure by the alumni. The Journal shows what great progress that excellent medical school is making.

INTERNATIONAL CLINICS, A QUARTERLY OF CLINICAL LECTURES. Edited by Judson Daland, M.D., J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finlay, M.D., F.R.C.P. Volume IV, Seventh series. Philadelphia: J. B. Lippincott Co. 1898.

These clinical lectures have held their own for a long time, and this volume contains much that is good, but there are evidences of vain repetitions, and perhaps if they appeared twice a year they might be of more value. The first lecture by Bartholow, on a "New Departure in Therapeutics," in which the sodium salts are preferred to the potassium salts, is hardly a new departure, and the whole piece is rather disappointing. There are a few good lectures in the book.

CLINICAL REPORTS AND NOTES ON UNGUENTINE. Fourth Edition. Norwich and New York: Norwich Pharmacal Company. 1898.

This is a small book containing clinical reports of diseases and cases in which unguentine has been used with success. The formula is said to be alum with its irritating properties removed, carbolic acid and ichthyol added. The ointment is made, as the manufacturers state, "by a process of our own."

Current Editorial Comment.

WOMEN SMOKING.

Chicago Clinic.

THE physician in so-called high life may wink at the smoking-set seen in my lady's boudoir, but it will not relieve him of the responsibility of at least a warning to the victim of this growing form of intemperance among those members of the "smart set" whose health conservator he is presumed to be. Fortunate it is that the pernicious fad is limited to the class it is, for, as Sam Jones says, "Turn from the error of your ways and quit your cussedness, or the devil will get you sure; but, thank God for one thing, he won't get much."

AMBIGUOUS TITLES.

Philadelphia Medical Journal.

Is is not a sin for a writer to bury information that may be of considerable importance under a title that gives the reader not the slightest suspicion as to the nature of the subject under consideration? Any person who has ever attempted to investigate a subject in medicine knows only too well of the annoyance and immense waste of time from this source. The degree of ambiguity in titles varies from those cases in which the writer gives absolutely no information as to his subject to those in which just enough is given to make it necessary for the conscientious investigator to waste half an hour of valuable time in looking up a reference which is of no use for his purposes.

DEGENERATE DOCTORS.

Medical Mirror.

THE medical profession is not degenerating; its progress is onward and upward; it is on the eve of a great revolution. A grander, nobler era is opening, and its devotees worthy of the name of doctor will carry on the good work cheered by the knowledge of the fact that since much money cannot fall to their lot, they will accustom themselves to less than other men need and feel full compensation in the good they do. All of the good and true men in the ranks of medicine will, like the great Agazzis, be too busy to make money, but leave that ambition to the really "degenerate doctors" who pessimistically depreciate and undignify the noble profession of medicine into which they have by cruel mistake been permitted to escape.

Medical Meetings.

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MAY						
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JUNE						
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The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

May.

ASSOCIATION OF AMERICAN PHYSICIANS. Annual meeting at Washington, D. C., May 3, 4 and 5, 1898. F. C. SHATTUCK, M. D., President, 135 Marlborough St., Boston, Mass. HENRY HUN, M. D., Secretary, 149 Washington Ave., Albany, N. Y.

AMERICAN NEUROLOGICAL ASSOCIATION. Annual meeting at Washington, D. C., May 4, 5 and 6, 1898. M. ALLEN STARR, M. D., President, 22 W. 48th St., New York City. GRAEME M. HAMMOND, M. D., Secretary, 58 W. 45th St., New York City.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May 16, 17 and 18, 1898. THOS. R. FRENCH M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

State Societies.

April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. R. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(*Continued on page xvi.*)

MARYLAND
MEDICAL JOURNAL

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Original Articles.

LENTEN HYSTERIA.

SOME NOTES ON RELIGIOUS EMOTIONS AND FUNCTIONAL NEUROSES.

By William Lee Howard, M.D.,
Baltimore, Md.

To apply apply new names to old things is the prerogative of every medical man, but in giving an account of a case of hysteria which appears regularly as the devotion to religious ceremonies increases in intensity during Lent, and finally culminates in grand hysteria, disappears under long and tedious treatment, only to reappear each Lenten season, and with this recrudescence an increase in the force and intensity of the attack, we find instruction so far as accentuating the well-known fact of the influence of religious emotions upon the psychical side of human life. One might almost conclude that religion and mental instability were correlated conditions when all the mad acts, hysterical epidemics, puerile attitudes and dynastic disturbances of men and nations are studied with the light penetrating through clear, unbiased, untrammeled and thorough knowledge of history and men.

The case was brought to me directly after the Lenten season of 1896. The young woman had just left the convent school the preceding year. Her environments were strictly those of jejune and ascetic pietism. Two of the patient's sisters were nuns, one brother was a candidate for priesthood, while the mother was continuously, not sporadically, wrapped up in the bewildering maze of rogatory sortilege, impanations and thurification, this farrago of conditions making rich soil for the growth of functional neuroses.

When first seen the patient was mute, exhibited the characteristic globus hystericus, and it was impossible to get her to masticate food or swallow fluids. Later she displayed paroxysmal conditions—conditions so often erroneously called hystero-epilepsy. It is not my intention to describe the multitudinous phases exhibited in true hysteria. The surprising, divers, manifold and heterogeneous conditions seen in this protean disease are too well known to need attention here. Admitting that hysteria is a morbid entity, and that pervading and controlling all its manifestations are definite and recognizable laws, my only object is to show the influence religious emotions will have on a soil richly fertilized for neurotic crops.

The first two weeks the patient was under treatment she was in a state simulating religious mania. When not using an imaginary telephone for auricular confession she would argue for the church, or, if agreed with, against it. For hours at a time, far into the early hours, would I listen to her torrent of words, sentences and arguments. Rapture of tenderness, infatuation, revolt, relapse, re-entanglement, agonized stupor, the striving pain of reviving life, fierce religious love passing into as fierce a hatred, all swept before me in dazzling language molded out of air and fire.

At the end of ten weeks she returned home in the full strength of physical and psychical womanhood. I gave explicit instructions that she should avoid all re-

ligious excitement and ceremonies, although realizing how impossible it would be to have these instructions carried out to their full extent. It was not to be expected, considering the environments, that when the Lenten season of 1897 commenced the patient would not again have her latent religious emotions aroused. Such was the fact, and so violent in her paroxysms did she become that her friends tried strenuously to have her confined in a hospital for the insane. She was returned to me for treatment, and after three months of tedious, worrying and anxious work she was again brought back to the norm. This time I gave most positive orders and instructions regarding her absolute avoidance of all religious words, signs or sights, warning her family of the sad results should there be a continuation of these attacks.

The instructions were faithfully carried out, and the patient was living a normal life up to the commencement of the Lenten season just passed. At this time, unfortunately, one of her nun sisters paid a visit to her home arrayed in the costume of her religious order and remained with her family during the period of fasting and penance, performing some church duties at the convent where the patient had formerly been educated. Attendance on some of the Lenten duties and ceremonies with the nun sister aroused the smoldering, fitful, passionate emotion which grasped her inhibitory powers, held them fast, clutched, hidden and trampled upon, and wide opened the gates for the hysterical octopus to coil, wind and sinuously envelop the psychical being of this unfortunate victim.

"He truly Lent observes who makes the inward man
To fast, as well as make the outward feed on bran."

We see in this case how delicate, sensitive and impressible is the psychical organization of certain individuals.

The patient is under treatment at present, and slowly but steadily regaining her normal character.

Probably upon no one subject in neurology has so much time and study been given the last few years as to the distressing and teasing morbid entity hysteria. This psychical disturbance has been the cause of miracles in the eyes of religious enthusiasts, gave its thousands of victims to shrinal pilgrimages, produced the racking horrors of the Inquisition and has to father the shameful and repulsive tortures of women and girls during the height of puritanical insanity in New England.

Hysteria has been the rock upon which science and religion has been often split. We can find traces of this warfare during the rich Grecian period, when the oracles were consulted, down to the present time. The sights to be seen at Lourdes today do not differ from the state of affairs in 1727 at the cemetery of St. Medard. Here the ill and sick were brought and laid upon the tomb; many were cured. Hysteria, that most contagious of affections, was epidemic; its prodomes as well as sequelae were exhibited in the wonderful stories attested by eye-witnesses. The myth-making tendency—the passion for developing, enlarging and spreading tales of wonder, all certain symptoms of hysteria—came into full play and was given free course. Most wonderful cures were sworn to by presumably responsible persons. People approaching the tomb were thrown into convulsions and assumed the various and multiple phases of hysteria. Naturally, religious parties made the most of this epidemic. Two great medical authorities, Hecquet and Lorry, studied the cases and attributed the whole craze to its proper cause—hysteria. The medical men were not believed for obvious reasons, and with all the polychromatic exigencies which in those days were used to control a gullible audience the two religious factions declared the hysterical actions supernatural —the Jansenists attributing them to God, the Jesuits to Satan.

Only a few months a go a minister of the Foreign Board of Missions published a voluminous work ("Demon Possessions and Allied Themes." See review in the *Medico-Legal Journal*, June, 1897, by Wm. Lee Howard, M.D.) attempting to show that the Chinese are often possessed of a personal devil, who can be seen to leave

the body of its unfortunate owner when the Bible is read to that individual. God save the mark! The author of this work is a member of the Presbyterian Church, but his writings show that he has complied with the Jesuitical doctrine of "the sacrifice of the intellect."

One can understand the conditions of society in the fourteenth century which produced the Choreutae and the actions and mental conditions of the sister nuns of Maria Renata Sanger in the last century. We can also comprehend what auto-suggestive ideation would garb fantastic dreams with Satan as a young man playing his pranks among the adolescent maidens, as well as the sexually-hungry and famished prioress, for remember that historical old maid, whose "climacteric teased her like her teens," was tortured, confessed and executed for being a nightly companion of the accommodating and virile Satan, who, according to the statements of the hysterical girl nuns, was also companion to all. As I have said, we today can understand the cause for all this superstition and cruelty in the age of gloom and mist, but that we should have at the end of the nineteenth century hysteria confounded with demon possession shows how far distant we are from the bigoted, attenuated, self-satisfied theologian, whose only arguments are those teeming with maladroit euphemism.

It is the general belief that faith in the supernatural has been kept active by the protagonists of religious tenets. However, if we study the history of witchcraft, thaumaturgy, demonology, fetichism, miracles, religious revivals and mob emotions we shall find that it is that protean functional disturbance—this Triton among minnows—hysteria, that is responsible for past human cruelty, mental and physical submergence and the periodical recrudesence of statements and belief in supernatural occurrences, all of which are nurtured, fed and clothed by those who would ignore all medical testimony and cling to "the traditionary testimony of the church," guaranteeing the canonicity of each and every case of hysteria.

Epidemics of hysteria were of frequent occurrence among young women who were segregated in profound religious communities up to the middle of this century. In 1780 a large number of young girls were brought together in the church of St. Roch, Paris. Their ages varied from twelve to nineteen years. Preaching and ceremonies of a nature to stimulate and arouse the emotions of girls soon produced hysterical cries and convulsions among a few, and soon there were nearly 100 carrying out all the antics to be found in hysterical conditions. In some of these cases the results were very sad. About the same period an hysterical woman in a church in the Shetland Islands began to have imitators, who were promptly cured by tossing them into the cold sea that washes the banks of these isles. This cold-water treatment is today one of the best remedies that we possess in the management of true hysteria.

All writers on hysteria give ample historical facts regarding epidemics of hysteria during religious enthusiasm, and facts are not wanting today to parallel these statements. I would be unduly prolix should I attempt to step over the border line surrounding these historical facts, and, in truth, such an article would result in a voluminous history of religions. One example of hysterical epidemic occurring a few years ago at Morzines, a French village on the borders of Switzerland, is so pregnant with instruction that I mention the occurrence here. I condense the account of this "diabolic possession" from Dr. White's "New Chapters in the Warfare of Science:"

About the year 1853 a sick girl at Morzines, acting strangely, was thought to be possessed of the devil, and was taken to Besançon, where she seems to have fallen into the hands of kindly and sensible ecclesiastics, and under the operation of the relics preserved there, especially the handkerchief of Christ, the devil was cast out and she was cured. Naturally much was said of the affair among the peasantry, and soon other cases began to show themselves. The matter was now widely discussed, and the malady spread rapidly; myth-making and wonder-mongering began; amazing

accounts were thus developed and sent out to the world. The afflicted were said to climb trees like squirrels, to have shown superhuman strength and to have given many other evidences of being possessed of the devil. Outbursts of blasphemy and obscenity were common. But suddenly came something more miraculous, apparently, than all these wonders. Without any assigned cause this epidemic of possession diminished and the devil disappeared.

Not long after this Professor Tissot, an eminent member of the medical faculty at Dijon, visited the spot and began a series of investigations, of which afterwards he published a full account. He tells us that he found some reason for the sudden departure of Satan which had never been published. He discovered that the government had removed one or two overzealous ecclesiastics to another parish, had sent the police to Morzines to maintain order and had given instructions that those who acted outrageously should be simply treated as lunatics and sent to asylums. This policy, so accordant with French methods of administration, cast out the devil; the possessed were mainly cured and the matter appeared ended.

At Tissot's visit in 1863 the possession had generally ceased and the cases left were few and quiet. But his visit stirred up a new controversy and its echoes were long and loud in the pulpits and clerical journals. Believers insisted that the devil had been removed by the intercession of the Blessed Virgin; unbelievers hinted that the main cause of the deliverance was the reluctance of the possessed to be shut up in asylums.

Under these circumstances the Bishop of Annecy announced that he would visit Morzines to administer confirmation, and word appears to have spread that he would give a more orthodox completion to the work already done by exorcising the devils who remained. Immediately new cases of possession appeared; young girls who had been cured were again affected; the embers thus kindled were fanned into a flame by a "mission" which sundry priests held in the parish to arouse the people to their religious duties, a mission in Roman Catholic countries being akin to the "revivals" among some Protestant sects. Multitudes of young women, excited by the preaching and appeals of the clergy, were again thrown into the old disease and at the coming of the good old bishop it culminated. The account is given in the words of an eye-witness:

"At the solemn entrance of the bishop into the church the possessed persons threw themselves on the ground before him or endeavored to throw themselves upon him, screaming frightfully, cursing, blaspheming, so that people at large were struck with horror. The possessed followed the bishop, hooted him and threatened him up to the middle of the church; order was only established by the intervention of the soldiers. During the confirmation the diseased redoubled their howls and infernal vociferations and tried to spit in the face of the bishop and to tear off his pastoral raiment. At the moment when the prelate gave his benediction a still more outrageous scene took place. The violence of the diseased was carried to fury, and from all parts of the church arose yells and fearful howlings; so frightful was the din that tears fell from the eyes of many spectators, and many strangers were thrown into consternation."

Among the very large number of these diseased persons there were only two men; of the remainder only two were of advanced age; the great majority were young women between the ages of eighteen and twenty-five years.

In this latter statement we can see one of the sources whence the impression that only females were victims of hysteria, an impression which recent studies in neurology have happily shown to be erroneous.

Modern revivals are hotbeds of hysteria for young women, as these revivals set in motion the emotional side of neurotic females. The greater number of young women should never be exposed to epidemics of sentiment, for their autosuggestive condition leads to delusions, hallucinations and morbid aberrations, while the antidote, which could only be planted in a more stable organism than is usually possessed by the neurotic wo-

man, will seldom take hold. Early religious convent training among a certain class of women prevents resisting power to emotional states and in later experience in life proves often a distressing inability to cope with the tedious and persistent practical details of mundane existence.

A CASE OF PROGRESSIVE MUSCULAR DYSTROPHY.

By Augustus A. Eshner, M.D.,

Professor of Clinical Medicine in the Philadelphia Polyclinic, Physician to the Philadelphia Hospital, etc.

PATIENT EXHIBITED AND PAPER READ BEFORE THE PHILADELPHIA COUNTY MEDICAL SOCIETY, APRIL 13, 1898.

THROUGH the kindness of Dr. S. Weir Mitchell I am permitted to report the following case of progressive muscular dystrophy and to present the patient, who applied for treatment at his clinic at the Orthopedic Hospital and Infirmary for Nervous Diseases on April 1, 1898, when the following notes were made: The child is one of seven children of healthy parents, all born without difficulty. Two brothers, ten and two years old respectively, and two sisters, sixteen and eleven years old respectively, are living and well. One sister died at the age of five and one-quarter years after an attack of mumps, attended with croup, and it is thought with the rupture of a blood-vessel. One brother died at the age of thirteen and three-quarters years; it is believed that he also suffered from some disorder akin to the patient's, but the immediate cause of death is not clearly ascertainable. The symptoms appeared at the age of seven years and were gradually progressive to the point of utter helplessness. A maternal uncle suffered from paralysis in consequence of a spinal injury, and a paternal aunt had chorea at the age of fifteen.

The patient is a white boy, seven and one-quarter years old, born in Philadelphia, who, while at no time robust, has never been ill except for an attack of measles at four, followed by chicken-pox. Some three or four months ago a little difficulty in walking was noticed, with some awkwardness in raising the feet from the ground. This has increased steadily, until now the child is scarcely able to ascend stairs and he has a tendency to trip and fall, as well as a general unsteadiness. There has been, beside, moderate bodily wasting, although the calves have been noticed to be enlarged and firmer than usual for about eight months. The mental state is excellent and function in general is well performed.

In walking, the patient displays the characteristic flail-like foot-drop, due to weakness of the anterior muscles of the leg, with perhaps some shortening of the posterior; and the typical waddling, duck-like gait. In standing, the plantar arch is obliterated and the station is a little uncertain. On arising from the recumbent posture, the patient climbs up his legs and thighs in a most typical manner. The calves are enlarged, firmly elastic and of the consistence of fat and fibrous tissue rather than of muscle. The deltoids convey a similar sensation. Elsewhere muscular development and deposit of fat are deficient. The scapulæ are slightly alar and the dorsal spine is curved slightly toward the left. There is also slight functional lordosis. The child is and it is said always has been pallid. The superficial reflexes are everywhere active, the deep reflexes deficient. An occasional knee-jerk can be elicited on striking the patellar tendon. General sensibility is preserved. The grasp of the hands is exceedingly feeble, scarcely sufficient to make an impression on the dynamometer. The head is rather large and square. There is no beading of the ribs or enlargement of the epiphyses of the long bones. The hair of the head is a little coarse in texture and in places somewhat thinned. The extremities, and especially the lower, are often cold, subjectively and objectively. The sphincters are under perfect control.

The largest circumference of each calf measures 21 cm.; that of the thighs, 5 cm. below the groin, 25 cm.; that of the arm in the mid-humeral region, 12.5 cm. on the right, 13 cm. on the left; that of the forearms, a short distance below the flexure of the elbow, 12.75 cm. Electric

examination, kindly made by Dr. J. H. W. Rhein, shows enfeebled response to faradic stimulation in the scapular muscles, the extensors and flexors of the right arm, the triceps and the extensors of the left and the left rectus and biceps femoris. In the remaining muscles the response is good or fair. Nerve-transmission is good.

In treatment a nutritious, easily assimilable diet was prescribed, together with moderate exercise, gentle massage and sufficiency of rest. Beside, one grain of desiccated extract of thymus gland was directed to be taken daily, and it was contemplated increasing this dose gradually as the susceptibility of the patient was determined.

The case that I have thus briefly reported is interesting principally from a clinical point of view, as it is a typical instance of the pseudo-hypertrophic variety of the progressive muscular dystrophies. I have used this generic designation of Erb [*Neurologisches Centralblatt*, October 1, 1883; *Deutsches Archiv für klinische Medicin*, XXIV, 1884, p. 467; Dystrophia muscularis progressiva, Leipzig, 1891] by preference, because it describes sufficiently the condition to which it is applied without committing one to a final opinion as to its pathology. In addition to the variety of which this case is an excellent illustration—the pseudo-hypertrophic—there have been described the facio-scapulo-humeral of Landouzy-Dejerine, the infantile of Duchenne, the hereditary of Leyden, the juvenile or scapulo-humeral of Erb, in accordance with the varying evolution and distribution of the disease. The designation idiopathic muscular atrophy also has been applied to cases unattended with false hypertrophy. The lines of demarcation are, however, not always clear and well defined, and irregular combinations of two or more types are not rarely encountered. The essential lesions, so far as has been determined, consist in part in proliferative and in part in degenerative changes in the affected muscles, with increased deposit of fibrous and fatty tissue, although Erb is not prepared to commit himself to the view that these are the only changes, maintaining that the nervous system may be the seat of alterations that elude our present means of investigation. For this reason he prefers the designation dystrophy to myopathy.

The muscular dystrophies, while not actually rare, are likewise not common. Of twenty cases that I collected from the records of the Orthopedic Hospital and Infirmary for Nervous Diseases [*Journal of Nervous and Mental Disease*, October, 1897, p. 641] eighteen were observed between the years 1886 and 1896, inclusive, among a total of 8666 cases of all kinds seen in both dispensary and hospital.

Sometimes congenital, the disease is most common in early life, the first symptoms being noted, according to Gowers [Manual of Diseases of the Nervous System, 1892, 2d ed., Vol. I, p. 503], in a very considerable number of cases when the child attempts to walk, which it usually does later than healthy children. In the majority the symptoms appear before the tenth year. Boys are affected in greater number than girls. Of the cases in my collection sixteen were in males and four in females. Among 220 cases collected by Gowers [Clinical Lecture: Pseudo-hypertrophic Paralysis. London, 1879] 190 occurred in males and thirty in females; among thirty-four collected by Poole [*New York Medical Journal*, 1875, XXI, p. 569] seventy-three were in males and eleven in females, and among 125 collected by Seydel [cited by Eichhorst: Handbuch der speciellen Pathologie und Therapie, B. III, 4. Aufl., 1891] 103 were in males and twenty-two in females. These figures collectively make a proportion of 5.7 to 1.

Sometimes the disease is acquired by heredity, being transmitted usually through a healthy mother. In numerous instances several members of one family have been affected. In one family eight brothers suffered from the disease [Heryon: Medico-Chirurgical Transactions, 1852; cited by Gowers, *loc. cit.*]. Of Gowers' 220 cases 102 were isolated and 118 distributed among thirty-nine families.

In eleven of the twenty cases that I have analyzed, infectious disease, as in the present case, had preceded the onset

of the symptoms of the muscular dystrophy; but such disease is so common at this period of life that not too much etiological significance is to be attached to this relation. In some cases, further, there had been some complication at birth, requiring at times the use of instruments to effect delivery. In other cases there was a history of traumatism, as from falls upon the back, and in still others a parent was tuberculous, or alcoholic, or paralyzed, or insane.

The disease appears to be rare in negroes. In none of the recorded cases that have come under my notice is it stated that the patient was a black, and in response to inquiries upon this point addressed to a considerable number of neurologists and to practitioners in the Southern States but one is able to say that he has seen a case in a negro, and of this I have been unable to secure the notes. It is probable, therefore, that, like chorea, tabes dorsalis and, I believe, exophthalmic goiter [*International Medical Magazine*, April, 1897], the muscular dystrophies are exceedingly rare, if they occur at all, in individuals of unmixed African parentage.

Nothing further of a definite nature is known in an etiological connection, and it is not unlikely that the disease is a developmental one, that is dependent upon some inherent defect of the embryo.

The symptoms of the disorder are essentially weakness of progressive character, with muscular wasting, although in many cases a morbid deposit of fibrous and fatty tissue gives rise to an appearance of pseudo-hypertophy. The muscular and tendinous reflexes become enfeebled and finally lost, while the cutaneous reflexes are preserved. The muscles respond less promptly and less actively to both faradic and voltaic stimulation. Sensibility remains unaffected and the sphincters continent. The mental faculties are altogether uninvolved. The disease is of protracted duration, and, though progressive in course, it is not directly fatal, death usually resulting from some complication or intercurrent affection, often of a pulmonary nature, from enfeeblement of the respiratory muscles.

The muscular dystrophies are to be distinguished especially from peripheral neuritis, acute anterior poliomyelitis (infantile palsy), chronic anterior poliomyelitis (progressive muscular atrophy), amyotrophic lateral sclerosis. From all of these it differs essentially in the absence of qualitative changes in the reaction of the muscles to electric stimulation. From neuritis it differs further in the absence of alterations in sensibility. Acute anterior poliomyelitis, in addition to being rapid in onset, has a tendency to be retrogressive in course and is amenable in some degree to treatment, while the dystrophies are gradually progressive and resistant to all forms of treatment hitherto employed. They usually set in earlier than progressive muscular atrophy dependent upon degenerative changes in the anterior horns of the spinal cord and are unattended with the fibrillary twitchings of this disorder and also with the bulbar symptoms that develop when extension of the degenerative process to the medulla takes place; further, the small muscles of the hands are uninvolved. From amyotrophic lateral sclerosis the dystrophies differ beside in the absence of heightened reflexes.

The prognosis of the muscular dystrophies is, on the whole, rather unfavorable. They are of themselves not directly fatal, but by reason of the progressive muscular degeneration and the resulting weakness, intercurrent disorders and complications, particularly of a pulmonary character, are prone to occur and to terminate disastrously.

Treatment also is not promising. Probably developmental in origin, the disease is progressive in tendency and is little amenable to therapeutic measures. Much mischief will already have been effected before even the disease is recognized, and it is doubtful if much can be done to check its progress. There can be no hope of restoring the lost muscular tissue. No remedial agent has been shown to have any curative effect. Macalister [*British Medical Journal*, No. 1684, p. 729] recommended the employment of thymus extract, which he used in one case, and Lépine [*Lyon Médical*, May 10, 1896, p. 35] that of thyroid extract,

which he used in one case with encouraging results; but data are wanting to show that either of these is capable of actual benefit. The treatment must, therefore, be symptomatic. The general health is to be maintained at the highest possible level, and intercurrent disorders and complications of all sorts are to be sedulously avoided. Gentle exercise within the limits of fatigue is probably the most useful measure at our command, supplying the natural stimulus for muscular growth and development. Electricity and massage occupy a position of secondary importance, but they may be required to prevent or to correct shortening of tendons, and occasionally tenotomy may be necessary. The diet should be simple, digestible, nutritious and sufficient. Cod liver-oil, phosphorus, arsenic and strychnine may be employed with discretion.

NOTE ON THE NEED OF CAUTION IN RESTRICTING THE DIET OF DIABETICS, WITH TWO FATAL CASES.

By Charles O'Donovan, M.D.,
Baltimore, Md.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, APRIL 15, 1898.

Watson, in his "Practice of Physic," refers, in his lecture on "Diabetes," to a note of warning sounded by Christison against too suddenly checking the thirst of diabetics, saying that a rapidly fatal termination sometimes supervened.

Recent American authorities neglect this important matter and teach that the patient should be restricted in diet as promptly as possible, and promise improvement in accordance with the amount of restriction practiced. I am positive, from experiences subsequently to be related, that one should be very careful in this matter. I do not think, as Christison did, that the danger arises from withholding fluids. That I consider unlikely, for the reason that the craving for drink is so strong that it is next to impossible to restrain it; but in the matter of food I would advise caution.

I believe that it is a very serious matter to suddenly take away from a diabetic the food that he has been so freely indulging in, no matter how deleterious it may be. He may correctly be likened to the opium-eater or the drunkard who has been poisoning his system for months or years with an excess of sedative or stimulant beyond the capacity of a healthy man, but whose nervous system has become so habituated to the abnormal state that a sudden stoppage of improper ingesta leads to very serious disturbance.

In the diabetic this faulty feeding has gone on certainly for a long time to the detriment of the health of the individual, it is true, but the power of accommodation that is possessed by us to make the best of what cannot be escaped enables him to exist with a certain amount of comfort even under the constant drain of the disease. The inordinate thirst is easily, even if temporarily, quenched; the desire for sweets is readily indulged; the immense amount of urinary excretion is overlooked, and this condition continues for years until some intercurrent trouble brings the diabetic into the hands of the physician. The true nature of the disease is then discovered and a strict regimen is too promptly ordered without proper discrimination.

This I consider a mistake, sometimes a fatal one, leading to a very remarkable sudden collapse, with supervention of somnolence and diabetic coma. The nice equilibrium which had been in existence is suddenly disturbed and the poison, whatever it is, rapidly accumulates in the system in overwhelming quantity. I have seen this occur in two cases, whose histories I will relate briefly:

V. B. White, aged fifty, a widower, had always been healthy except for an attack of jaundice about two years before he consulted me. He had been a stout man of muscular build, a moderate but steady drinker, and had no idea that anything was wrong with him until very recently, when he noticed that he was losing flesh. He gave no history of syphilis. Beyond loss of flesh, about thirty pounds in four months, and some advancing weakness, he complained only of an inordinate thirst and a consequent large flow of

urine, which was found to contain about 4 per cent. of sugar. He was very fond of sweet things and also of bread and other starchy foods. These were forbidden him and he was put on a strict diabetic diet, which he adhered to quite closely. In four days time he was dead, having rapidly weakened in spite of various stimulants and return to full diet, going into a semi-somnolent state and then into a fatal coma.

My other case was of even more rapidly fatal termination. W. G. White, aged thirty-three years, clerk, had always been healthy, except for one sickness about ten years before, when he was delirious for two weeks, but of which he did not remember any other particulars. He was a total abstainer; had never had syphilis or gonorrhea; had noticed excess of thirst for four or five years, but for past two months the thirst had been extreme. He had also a great craving for sweets. Up to four weeks ago his weight averaged 151 pounds, but since then he had lost twenty pounds. He was working regularly every day. His breath was rather short; pulse 96, good volume. He would pass fully two gallons of urine in twenty-four hours; specific gravity, 1033; sugar, 5.06 per cent.; estimated amount of sugar passed in twenty-four hours, 6.4 ounces. He was put on diabetic diet, being ordered to reduce his sugars and starches as rapidly as possible. Nothing was said about his thirst, as I hoped to see that diminish when he had cut down his starchy food. In two days from the time that he was dieted he was so weak that he could not get up from the sofa where he lay. His heart and lungs were sound, but excessive weakness overpowered him. His mind was clear, his pulse somewhat weaker, but his thirst was still terrific. From this out he grew rapidly weaker in spite of stimulants, opiates and all sorts of concentrated foods, so that in twenty-four hours more he was somnolent and in fifty-two hours he was dead.

Two such similar experiences cannot but make me think that it is best in these cases to go very slowly, especially when there is evidence of beginning deterioration. I feel that it would have been better to have tried first by the administration of morphia or codeia to have prepared the system for the radical change in diet about to be instituted. In this way the keen susceptibility of the nervous system would have been deadened and the transition would have been better borne. Nothing could have been worse than what happened, due, I feel persuaded, to the causes mentioned. I regret that no post-mortem could be obtained in either case.

Both of these men had been, as far as they knew, in good health up to the time that they came to my office. Neither presented any outward symptoms that would lead one to suspect impending collapse. Each came because of the occurrence of symptoms that are recognized as serious, and the usual diet was prescribed for each. Neither was ever able to call at my office again, but in both cases collapse came on as soon as the carbohydrate diet was forbidden, and neither lived a week. This is an accident that is not properly described in our American text-books, although the more thorough German authorities warn against it, and its omission is a very serious fault.

I believe that diabetes is a disease that is increasing in frequency, that is certainly often overlooked and is frequently badly treated. I would advise that each case be very carefully studied on its own merits and that changes of diet should be made with caution and discrimination, especially when weakness or advancing emaciation is one of the prominent symptoms.

This caution is especially necessary if the ferric chloride test shows the presence in the urine of diacetic acid.

Vicarious Menstruation after Hysterectomy.—Marsi (British Medical Journal) states that total hysterectomy was performed on a young woman in August, 1896. Ever since she observes that the urine becomes bloody at intervals precisely corresponding to former monthly periods. Between the times of appearance of blood the urine is absolutely normal, and at no time is there any evidence of disease of the urinary tract.

Medical Progress.

Water.—Most European physicians, or at least very many European physicians, says the American Medico-Surgical Bulletin, believe that the most active cause of gastro-intestinal disturbance in America is the habitual use of ice water, and there can be no doubt that flooding the stomach with large quantities of ice water during eating has a tendency, by lowering temporarily the temperature of the viscus, as well as by diluting the gastric juice, to cause disturbances of digestion, which on repetition may result in the production of gastric catarrh. On the other hand, the habitual taking of large amounts of water is very advantageous for all gouty individuals, and, indeed, for all persons who eat more than the needs of the system require, in which latter class is included practically the whole of the American people.

It would seem, *a priori*, probable that in its relation with water the human system obeys to a greater or less extent the ordinary physical and chemical laws. What is taken into the body must get out of the body sooner or later, and the discharge of large quantities of water necessarily increases the flow of excretion. The old researches of Roux and of Boecker indicated that the increase of the amount of urine which follows the water-drinking is sometimes, but not always, accompanied by an increase in the output of solids from the kidneys. The cause of the differences of effects has been shown by Meyer to depend upon the condition of the body; the excess of water in the system appears to have very little influence upon tissue-disintegration, but to be powerful in dissolving or carrying off—in other words, in washing out—all excrementitious materials, whether such materials be due to disintegration of the tissues themselves or be educts from an excessive food-supply.

The American habit of drinking water has not, however, arisen from the promptings of any blind instinct leading the race to attempt to wash out of the body the products of excessive self-indulgence, or the last taint of a gouty British ancestry, but has simply sprung from the climatic condition. The dry air (as compared with Europe) and the high temperature of the summer months make the American throw off water and make the system demand water. The vacuum in the body must be supplied. That the American people do not drink more water than they need is shown by the fact that the American man is a drier individual, not only in his speech, but also in his tissues, than is the European. True humor consists of a kernel of truth surrounded by a hull grotesquely unfit for it, and so the humorist habitually expresses a physiological fact when he makes John Bull in the cartoon plump and succulent, and Brother Jonathan hard and dry. Many years ago the writer of this article, at a meeting of the physiological sections of an international congress, said that a certain physiological operation or procedure reported by European physiologists did not produce the results upon dogs which were alleged, unless, indeed, the European canine were very different from his American brother, a suggestion which led to a general titter until Brown-Séquard got upon his feet and said that he had studied and practiced medicine and studied and practiced vivisection on the two continents, and that it was a fact that the American people and the American dogs and lower animals were distinctly different in vascularity from their respective kindreds in Europe; that operations in vivisection which in Europe he could scarcely perform on account of the amount of bleeding produced he had often done on the American dog with almost dry tissues.

The American drinks water because he is thirsty; he is thirsty because he sweats, and he wants his water cold because he is hot, the cooling of the system being demanded, but the cool temperature being especially grateful to a heated throat. What is the poor American to do? He is threatened with mummification if he does not drink water; he is appalled by the horrors of gastric catarrh if he does drink water. The answer is obvious: drink water between meals rather than at meals. The drier the meals the less dilute the gastric juice, the better theoretically at least is the di-

gestion. Fortunately the ordinary human being is made with a reserve force, and so if he be in the ordinary condition he need not study the number of drops of water he takes with his meal; but if he have any disease of the stomach or feebleness of digestion it is well worth while to count the drops.

Cold water has so good a taste when a man is very heated that most people will continue to take cold water, and the general chilling of the body would seem sometimes to be of service. Nevertheless, there probably are cases in which the sudden pouring of large masses of cold water upon a stomach in a person who has little reserve power has produced an immediate violent disturbance. These cases are, however, in our opinion, few; indeed, our belief in their existence may be due to the nursery teaching of our early childhood, since if the truth must be spoken, in a medical experience extending over thirty-five years, we have never seen colic, collapse or any other acute symptom or condition produced by a cold drink. But for fear that the nursery bogie is the shadow of a truth, we would advise our readers when hot to drink cold water slowly. We remember once, when two-thirds dead of thirst in the Texan desert, with what joy we raised to our lips a quart mug of water and drank it to the bottom without a breath; but in an ordinary emergency a half-tumblerful of cold water, followed in a moment or two (if it must be) by the other half-tumblerful of water, should satisfy the ordinary individual. At the present time, at least in the city of Philadelphia, and we opine in various other cities of less ill repute, it is wiser for the drinker by boiling the water to substitute soup for an infusion of raw products.

* * *

Forecasting the Sex.—Dr. Ludwig Cohn, of the Zoölogical Museum at Königsberg, in Prussia, has lately issued an interesting pamphlet, which is reproduced in the British Medical Journal, to clear the way for the more scientific study of the question of the determination of sex. In this pamphlet Dr. Cohn considers the principal theories which have been brought forward to account for the variation of sex. Many observers believe that when the first birth happens to coincide with the period of highest sexual energy in the mother a girl is more likely to be born than a boy, but if the mother is very young, or if she has already passed her time of sexual maturity, the child will probably be a boy. Observers differ as to the time of the sexual maturity in a woman. Bidder maintains that she is in the heydey of her sexual life between the ages of twenty and twenty-one years. Duesing puts it a little later, between the twenty-second and twenty-fourth years. Others hold that the sex is dependent upon the age of the ovum at the time it is fertilized, so that an egg fecundated shortly after its escape from the ovary becomes a female, and one which has passed for some distance along the Fallopian tubes before it meets the spermatozoa becomes a male. This theory—known as Thury's—has been put to the test of experiment, and, though it is fairly accurate for cows, it does not hold true for all animals. Many observers believe that the condition of the semen exercises a potent influence upon the sex of the ovum, and this hypothesis has also been put to the test of experiment. In 492 cases in which frogs' eggs were fertilized with concentrated sperm, males were hatched in 40 per cent.; when diluted sperm was employed 27 per cent. of the eggs became males, and with a watery extract of the testicles 35 per cent: gave rise to males. Dr. Cohn then proceeds to discuss the question from the point of view of polygamy, of the relative ages of the parents, of the state of their nutrition, and of the time of year at which conception takes place, but he believes that none of these factors are individually of prime importance in the production of sex. In the second part of his treatise he shows that varying conditions influencing the nourishment of the embryo have an effect in regard to the sex. Landois experimented in this direction as early as 1867, using the caterpillar of Vanessa urticae; in thousands of cases he was able to produce male or female butterflies at will, and the effect of feeding upon the sex of bees has long been known. In conclu-

sion, Dr. Cohn is unable to find any fixed law regulating the production of sex, though three of the factors which determine it seems to be the intimate constitution of the egg and spermatozoon, the fecundation and the nourishment of the embryo.

* * *

Heart Disease from the Standpoint of Life Insurance.—In an address delivered before the Chicago Society of Life Insurance Examiners by Dr. Robert H. Babcock and published in Medicine the author speaks of the gradual change of opinion by medical examiners on the subject of heart disease and life insurance. For the most part insurance companies refuse applicants whose pulses or hearts deviate, say above ninety and below sixty, and a murmur usually rejects without further question. Some companies have decided to take such risks with an additional premium, and they are advanced corporations, and the attitude of some of the older companies on this question is radically wrong. The companies do not treat their examiners with trust and confidence; the examiners themselves are not, as a rule, properly appointed. Dr. Babcock thinks that the local examiner should only be appointed after he has by a competitive test in physical diagnosis shown himself worthy of the position. Instead of this he may be recommended by some friend to help him along, or the agent may put him in in exchange for a policy. This causes careless work, for the doctor will stretch many a point before he will reject a risk which has been caught after long solicitation by the very agent who has the power of giving him work. Medical examiners should be paid better and they should be selected with greater care and with a greater regard to their responsibility.

* * *

Inflated Rubber Cylinders for Circular Sutures of the Intestine. Halsted, not being satisfied with the usual method of suturing the intestines, has made a very original suggestion in the Johns Hopkins Medical Bulletin of inflating the gut with rubber cylinders and suturing over them, and he claims from this the following advantages:

1. The vermicular action of the bowel is arrested over the bag, and the stitches can, consequently, be placed at regular and proper intervals.

2. The distended bag unrolls and spreads out to a fine edge the everted raw edge of the intestine and enables the operator to place the stitches with great precision at the desired distance from this edge.

3. If distended intestine is to be sutured to collapsed intestine (in strangulated hernia, ileus, etc.), or intestine of larger to intestine of smaller lumen (jejunum to ileum, duodenum to esophageal end of the stomach, etc.), the smaller may easily be expanded to fit the larger piece.

4. Very little handling of the intestine itself by the operator is necessary. The tube from bag to syringe is used as a handle to rotate and elevate the parts to be united.

5. The cylinder takes the place of at least two assistants. The operation could readily be performed without an assistant.

6. It prevents escape of intestinal contents, and hence dispenses with the injurious clamps or the fingers of assistants.

7. The entire operation, exclusive of suture of the abdominal wall, can be performed on dogs in five or six minutes and probably in less time.

The results should, I believe, be better than by any method hitherto devised.

* * *

Gastro-Enterostomy with Entero-Anastomosis.—Dr. Robert F. Weir, in discussing the operation of gastro-enterostomy conjoined with entero-anastomosis in the Medical Record, draws the following conclusions:

1. That gastro-enterostomy, as usually performed, is yet an unsatisfactory operation.

2. That its principal relievable danger is from bile or stomach retention due to operative defects either primary or secondary, *e. g.*, spurs, kinks, twisted or distorted openings and possibly stomach atony.

3. That a posterior stomach opening

favors gravity action by the evacuation of the organ, particularly if it is atonied, and diminishes the risk of pressure or of pulling on the attached intestine.

4. That the operation is best conducted by means of a Murphy button.

5. That a gastro-enterostomy associated with an entero-anastomosis in the afferent and efferent portions of the jejunum probably gives the best assurance against obstruction. Experience in this method, while so far gratifying, should, however, be enlarged to ascertain if the increased risk of the additional button overtops the danger of the bile and pancreatic obstruction.

* * *

Total Gastrectomy.—In reviewing the total extirpation of the stomach Dr. John C. Hemmeter of Baltimore points out in the Medical Record the possible advantages which medical science may have gained from this operation, and concludes as follows: "The consummate experience of the cleverest operators and surgical philosophers points unmistakably to the conclusion that in malignant disease of the stomach gastro-enterostomy gives the best results obtainable whenever there are secondary metastases or adhesions. My personal experience confirms this deduction. It is not necessary to give predigested foods, as the intestine is capable of digesting a sufficient amount of food to maintain the nitrogen equilibrium, and in a number of my cases in which I advised my surgical friends to execute a gastro-enterostomy the patients even gained in weight. A case like Schlatter's will probably not occur once in a thousand presented for operation. There were a number of very important factors governing the result of the operation, on which he took his chances. In fact, the patient has as yet not lived long enough to disprove the possible existence of minute metastases, impossible to discover even after laparotomy."

* * *

Bottini's Operation for Hypertrophy of the Prostate.—Freudenburg (British Medical Journal) reports a case of complete retention from prostatic hypertrophy in a patient aged sixty-three which was entirely removed by galvanocaustic incision of the enlarged gland after the failure of bilateral castration. The urine, which after the first operation had remained turbid, became quite clear after the second, and the patient is now able to relieve his bladder regularly without using a catheter. This case, it is stated, shows that Bottini's operation acts directly by removing the obstacle to the discharge of urine, and not, as has been suggested, by merely destroying the orifices of the ejaculatory ducts, and the ganglia and nerves which extend to the vesiculae seminales and vasa deferentia. It is of practical importance, also, as it suggests a doubt whether it be advisable to perform castration for the relief of urinary retention before an attempt has been made to overcome this result of prostatic enlargement by galvanic incision of the gland.

* * *

Nervous Lesions in Gastro-Enteritis.—E. Müller and Manicatide have published a preliminary note (British Medical Journal) on the changes observed in the nerve cells of the brain and spinal cord in cases of gastro-enteritis in infants. The changes were of a degenerative character, and affected nuclei as well as the cell substance. They varied in intensity in different cases and in different areas in the same case. Neither the presence or absence of fever, nor the duration of the illness, appeared to have any relation to the severity of the cell degeneration. The observation, as the authors point out, illustrates the extent of the toxic effects produced by gastro-enteritis.

* * *

Dieting for Dystocia from Narrow Pelvis.—Pradon (British Medical Journal) dieted a woman who had twice been delivered by aid of the cranioclast of very big children (twelve pounds, eleven pounds); the pelvis was distinctly narrow, though only external measurements are given. The patient was kept for the last four months of her third pregnancy on a diet poor in carbohydrates, after Prochownik's principle. A somewhat thin fetus, weighing eight pounds twelve ounces, was delivered by forceps.

MARYLAND

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BALTIMORE, APRIL 23, 1898.

Medical and Chirurgical Faculty.

THE Programme Committee of the Faculty has announced the names of those who are expected to read papers, but up to the present writing the order of papers has not been fixed upon. The meeting, which will be the one hundredth annual session, will be called to order at half-past twelve next Tuesday by the president, Dr. Charles M. Ellis, of Elkton, who will then deliver the president's address. Then the regular order of reading papers will begin.

As far as is known the sessions will continue daily from 12 to 3 and from 8 to 10 at night. On Wednesday night at the executive session the elections for the ensuing year and the full reports of the various committees will be held. On Thursday night Dr. William T. Councilman of Harvard University will deliver the annual address, after which a banquet will be served. The members outside of Baltimore will be the guests of the Faculty and will be given free tickets to the banquet.

The rule has been made that papers cannot exceed fifteen minutes in length, and members are requested not to ask for an extension of time, as it is unjust to others. It is to be regretted that some special subject for discussion was not selected, as has been done in the past few years. All physicians, whether members of the Faculty or not, are cordially invited to attend these meetings. The following is the programme:

The Pathogenesis and Treatment of Gastric Hyperacidity, by Dr. John C. Hemmeter. The Vaginal Operation for Extra-uterine Pregnancy, by Dr. William S. Gardner. The Pathology of Endometritis, by Dr. Thomas S. Cullen. The Treatment of Tuberculosis of the Uterus and Fallopian Tubes, by Dr. W. W. Russell. The Transplantation of the Rectus Muscle in the Operation for the Cure of Certain Cases of Hernia, by Dr. J. C. Bloodgood. A Further Study of the Use of Formaldehyde in Sterilizing Instruments, by Dr. H. O. Reik. The Rapid Diagnosis of Diphtheria, with Bacteriological Demonstrations, by Dr. William T. Watson. Antiseptic or Germicidal Treatment of Disease, by Dr. Edward Anderson. Latent Cancer of the Stomach, by Dr. Julius Friedenwald. Some Remarks on Rectal Medication by Means of the Collapsical Tubes. Exhibition of the Electric Light for Rectal Work, by Dr. S. T. Earle. Free Leucocytic Granules in the Blood and their Reaction to Various Stains, by Drs. William Royal Stokes and Arthur Wegefarth. Report of 150 Cases of Cancer of the Stomach in the Medical Wards of the Johns Hopkins Hospital, by Dr. Thomas McRae. Facial Paralysis; A Study of Eighty Odd Cases, by Dr. Harry M. Thomas. Excision of the Ossicles for Chronic Purulent Otitis Media, with Exhibition of the Patient. The Field of Vision in Hysteria, by Dr. Harry Friedenwald. A New Operation for Femoral Hernia, by Dr. J. M. T. Finney. Treatment of Fibroid Uteri, by Dr. H. A. Kelly. Somnambulism Transmitted by a Father to Each of Four Surviving Daughters, by Dr. Charles O'Donovan. Interstitial Pneumonia, by Dr. Jackson Piper. A Case of Suppurating Appendicitis, by Dr. Thomas H. Emory. On the Importance of the Early Recognition of Enlargement of the Pharyngeal Tonsil, by Dr. Frank Dyer Sanger. State Sanitaria as a Means to Diminish the Spread of Tuberculosis, by Dr. Joseph Gichner. Urethral Stricture and Treatment, by Dr. Daniel Z. Dunott. A Year's Work in the Preventive Treatment of Rabies, by Dr. John M. Ruhräh. The Treatment of Acne Rosacea, by Dr. T. C. Gilchrist. A Case of Ruptured Tubal Pregnancy, by Dr. Joseph H. Branham. Demonstration of Gross Pathological Specimens Preserved by the Kaiserling Method, by Dr. Simon Flexner. The Necessity of Post-Operative Treatment of Congenital Clubfoot, by Dr. R. Tunstall Taylor. Removal of Motor Areas in Epilepsy, by Dr. I. R. Trimble. Thirty-five Cases of Hip-joint Disease Treated in the Robert Garrett Hospital for Children, with Exhibition of Cases, by Dr. Walter B. Platt. The Removal of Submucous and Intrauterine Fibroids by Enucleation and Traction, by Dr. B. B. Browne. A Case of Congenital Purulent Ophthalmia with Sloughed Cornea; Some Remarks on the Prophylaxis and Treatment of the Disease, by Dr. Hiram Woods, Jr. School Desks, Eyesight, etc. Cases in Practice. Alcohol and the Gastric Secretion, by Dr. J. B. R. Purnell.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 16, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	.	31
Phthisis Pulmonalis	..	18
Measles	62	1
Whooping Cough	3	3
Pseudo-Membranous Croup and Diphtheria	23	6
Mumps	..	..
Scarlet Fever	12	..
Varioloid	..	..
Varicella	3	.
Typhoid Fever	5	1

Stricker, the Vienna pathologist, is dead.

During the year just completed since the Pasteur Institute of the College of Physicians and Surgeons was opened thirty-seven cases were treated, with no deaths.

Dr. Amos L. Gage, a young physician of Baltimore, died last week after a short illness. He was graduated from the College of Physicians and Surgeons in 1885. Dr. Gage was born in 1864.

Major Henry McElderry, a surgeon in the United States army, died at Hot Springs, Arkansas, a few days ago, aged fifty-six. Major McElderry was a native of Maryland and a graduate of the University of Maryland in 1865.

Dr. Edward D. Wells, a prominent physician of Carroll county, died at Westminster last week, aged forty-eight. Dr. Wells was educated at the University of Maryland, where he received his degree in 1867. He was a hard student and gave especial attention to pulmonary diseases, his own death being from pulmonary consumption.

At the commencement of the Baltimore Medical College, held last Thursday afternoon, 144 candidates received their degrees. Among these were students not only from this country, but from Asia Minor, Nova Scotia, China, Turkey and Egypt. Mr. Lloyd Wilkinson of Worcester county delivered the address and Mayor Malster conferred the degrees. The number of students enrolled at this college during the past season was 350, from twenty-one different States and eight foreign countries.

The United States Supreme Court has just affirmed the constitutionality of the act of the New York Legislature of 1895 prohibiting persons who have been convicted of and punished for a crime from practicing medicine in the State. The question was the case of Waller *vs.* the State of New York. Waller had served ten years in the State penitentiary for an offence committed in 1878, and, after his release, set up as a physician, and at the time the law in question was enacted was practicing in its profession. The court held that it was within the police power of the State to enact such a law.

Dr. William Lee, one of the most prominent physicians of Maryland and Baltimore, died at his country home at Stevenson, Baltimore county, after a short illness from Bright's disease. Dr. Lee comes of an old and distinguished Maryland family and has always lived in Baltimore. He took his degree at the University of Maryland in 1868, and soon after began the practice of his profession in Baltimore. In 1886 he was instrumental in organizing the State Lunacy Board, of which he was made secretary from its first work and occupied that position at the time of his death. He was indefatigable in his work and was the means of alleviating the sufferings of the pauper insane. Dr. Lee was much beloved for his hearty and genial manner, and as a strikingly handsome man was a prominent figure in all medical gatherings.

Governor Tyler of Virginia has appointed the following physicians to serve for four years on the Medical Examining Board of that State: Dr. R. W. Martin, Lynchburg; Dr. W. L. Robinson, Danville; Dr. L. S. Foster, Matthews county; Dr. H. M. Nash, Norfolk; Dr. J. E. Warner, Henrico; Dr. S. W. Budd, Petersburg; Dr. R. S. Martin, Patrick; Dr. Samuel Lyle, Lynchburg; Dr. R. C. Randolph, Clarke; Dr. R. M. Slaughter, Fairfax; Dr. E. T. Brady, Abingdon, and Dr. Charles W. Rodgers, Staunton. These were recommended by the Medical Society of Virginia. Drs. E. E. Williams, Richmond, and Allen, Norfolk, were appointed as the homeopathic members of the Board on the recommendation of the Hahnemann Medical Society of the Old Dominion. The members serve for four years from April 1, 1898.

Washington Notes.

Another case of smallpox has appeared at Freedman's Hospital.

At the District Medical Society Wednesday evening Dr. A. R. Shands read a paper upon the "Prognosis and Treatment of Lateral Spinal Curvature."

A complimentary dinner was given Saturday evening at Rauscher's to Dr. Samuel C. Busey to commemorate the fiftieth anniversary of his entrance into the profession.

The Secretary of War is directed to submit a project for the improvement of the Anacostia river, with the estimate of the cost of the same. Two thousand dollars is appropriated to pay cost of surveys and other expenses.

The Columbian University will, after June 1, be controlled by a board of trustees consisting of twenty-one members. The hospital, which will be conducted in connection with the medical department, will be controlled by a board of governors composed of the executive committee of board and the executive faculty of the medical school.

The different charity organizations and institutions seem to favor the proposed appointment of a board of charities whose duty it will be to superintend all the charity work of the District. Nearly every church society has some sort of aid to the poor or paupers that they push, to the extreme annoyance of the people and utter dependence of the poorer class. The charity workers are making weak, dependent paupers out of a large number of our people. It would be better if the amount of money spent annually in this way were appropriated to public improvement and these people given work.

While the people are somewhat protected from the dread tuberculosis by the prevention of expectorating in cars or public buildings, the more dreadful syphilitic, with mucous patches in his mouth and sores on his hands, mingles among the classes, good and bad alike, unchecked, and professional secrecy even prevents protection to the wife and other innocent victims. When girls as young as four or five present acute gonorrhea, and others from ten to twelve appear with syphilis, it is high time that some legislation should be had to imprison these dangerous subjects and protect society from their moral and physical influence.

Book Reviews.

THERAPEUTICS OF INFANCY AND CHILDHOOD. By A. Jacobi, M.D., Clinical Professor of the Diseases of Children in the College of Physicians and Surgeons (Columbia University), etc. Second edition. Philadelphia: J. B. Lippincott Co. 1898.

The second edition of the work of this well-known author shows the appreciation with which the profession have met the effort to express, in a rather informal way, the views upon therapeutics that are the result of a ripe experience. In this volume the indications for the administration of medicines are principally furnished by etiology and symptomatology, both of which occupy a prominent place in the book. As might be expected, the hygiene and feeding of infants are dealt with at some length. The author does not seem to have changed his opinion in reference to various details of infant-feeding in spite of some of the recent teaching on this subject. Thus, cane sugar is preferred to sugar of milk, as the conversion of the latter into lactic acid takes place with great rapidity. There should be no more than 1 per cent. of caseine in every infant food, and this amount of caseine is less liable to coagulate in large lumps by diluting with decoctions of cereals. The whole barley-corn, ground for the purpose, should be used for small children, because of the protein being mostly contained just inside and near the very husk.

The newly-born ought to have its boiled milk (sugared and salted) mixed with four or five times its quantity of barley-water; the baby of six months equal parts. The fact that even very young babies can digest small quantities of starch is insisted on. "From the very first month of life a distinct diastatic effect is produced by the oral secretion; it increases with every month. Even infusions of the parotids, prepared at different times after death, produce the same effect." During the past few years we have heard little else in infant-feeding than the accurate attainment of percentages, together with sterilization or pasteurization. Jacobi, with his immense clinical experience, does not appear to have changed much his ideas in infant-feeding. This is an important consideration, as careful clinical observation must always take precedence over mere theorizing.

Boiling of milk appears about as efficacious as sterilization by steam. The former de-

stroys the germs of typhoid fever, Asiatic cholera, diphtheria and tuberculosis, also the oidium lactis, which is the cause of the change of milk sugar into lactic acid and of the rapid acidulation of milk, with its bad effects on the secretion of the intestinal tract. Some varieties of proteus and most of bacteria coli are also rendered innocuous by boiling.

After a chapter upon general therapeutics, the various diseases of infancy and childhood are taken up seriatim, with suggestions as to management and treatment. We wish there had been less of mere suggestion and more explicit directions as to dosage and treatment. This appears to us to be the weak point in this otherwise excellent treatise. To a physician of wide experience a mere hint is sufficient, and to such the book will prove interesting and profitable. Our teachers, however, are too apt to forget that their audience must consist largely of beginners and of others not very expert in applying knowledge.

We wish other physicians of wide opportunity and experience would give the results of their years of study to the profession in compact form. The young in experience write too much; the ripe in knowledge are too often silent.

The International Medical Annual and Practitioner's Index: A Work of Reference for Medical Practitioners. Contributions by thirty-five English and American authors. Sixteenth year. New York: E. B. Treat & Co. 1898.

One great advantage of Treat's Annual is that it is always profusely illustrated and no pains nor expense are spared to fully elucidate the text in every department. While much new matter has been added, the volume is kept within the same size, which is quite large enough for convenient handling. One collaborator, Dr. Parvin, here contributes his last piece of literary work, which was handed in shortly before his death. Treat's International Medical Annual will continue to be a favorite.

REPRINTS, ETC., RECEIVED.

Successful Essays on Borolyptol Prize Contest. Palisade Manufacturing Company.

Vaginal Hysterectomy. By William H. Wathen, M. D., LL. D. Reprint from the *American Journal of Obstetrics.*

The Treatment of Contusions of the Lids ("Black Eye"). By Charles H. May, M. D. Reprint from the *Medical Record.*

Current Editorial Comment.

NOSTRUM ADVERTISING.

Philad lphia Medical Journal.

Nostrum-advertising is a sad disgrace, but not by any means so great a disgrace as the widespread indifference of physicians to the fact, and their failure to support those journals published for and by the profession. There is no act more ethical—or inethical—than the subscription by an American physician to a medical journal.

NAVY MEDICAL CORPS.

New York Medical Journal.

It is nonsense for the government to give out that the difficulty it finds, and has found for years, in making any near approach to filling the corps is due to the stringency of its requirements. We have no hesitation in saying that the examinations for the medical degree are more exacting at any one of at least five of our medical schools than those that a man has to pass in order to enter the medical corps of the navy. It is the insufficient pay and the natural aversion to being treated as underlings that keep men out of the service. If war comes—and we hope it will not—it may at least have the good effect of opening the eyes of congressmen to the desirability of making the naval medical service attractive enough to keep the corps filled with suitable men.

INSANITY.

Massachusetts Medical Journal.

As well try to describe the hues of the chameleon as to describe the phenomena of insanity. They are as various as the different cases and changing every hour. It is impossible to draw the line between soundness and unsoundness of mind. Eccentricity so strongly marks the conduct of some individuals that actions natural to them would be marks of insanity in others. The best and easiest test to decide the question in any individual case is to inquire whether there has been any strongly marked change of character or departure from the ordinary habits of thinking, feeling and acting without any adequate external cause. In short, a man should be compared with himself, and not with others, to decide whether he is insane or not. If there has been no departure from his ordinary conduct and character he may very safely be declared sane; if there has been a marked change in these respects such a judgment would hardly be safe.

Medical Meetings.

APRIL						
S	M	T	W	T	F	S
..	..	..	..	..	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
..	..	..	..	..	..	..

MAY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	..	..	..	..
..	..	..	..	..	..	..

JUNE						
S	M	T	W	T	F	S
..	..	..	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	..	..
..	..	..	..	..	..	..

The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

May.

ASSOCIATION OF AMERICAN PHYSICIANS. Annual meeting at Washington, D. C., May 3, 4 and 5, 1898. F. C. SHATTUCK, M. D., President, 135 Marlborough St., Boston, Mass. HENRY HUN, M. D., Secretary, 149 Washington Ave., Albany, N. Y.

AMERICAN NEUROLOGICAL ASSOCIATION. Annual meeting at Washington, D. C., May 4, 5 and 6, 1898. M. ALLEN STARR, M. D., President, 22 W. 46th St., New York City. GRAEME M. HAMMOND, M. D., Secretary, 58 W. 45th St., New York City.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May 16, 17 and 18, 1898. THOS. R. FRENCH M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M. D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

State Societies.

April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. R. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(*Continued on page xvi.*)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXIX.—No. 3. BALTIMORE, APRIL 30, 1898. Whole No. 892

Original Articles.

CUTANEOUS DISEASES WHICH COMMONLY ATTACK THE FACE.

By J. Abbott Cantrell, M.D,

Professor of the Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine, Dermatologist to the Philadelphia Hospital, the Frederick Douglass Memorial Hospital and the Philadelphia Medical Mission, Philadelphia.

A STUDY of the cutaneous affections which commonly attack the face reveals many diagnostic points of great value in the differentiation of these outbreaks. Carefully looking over these conditions we find many points that may lead us astray. The observation of one clinician may not be sufficient to teach the many similarities; therefore it is the purpose of this paper to give views in this connection that may be found advantageous to its readers.

Acne, which is one of the most common diseases to attack the face, is observed in a proportion of 11 per cent. of all the cases presenting themselves at our daily clinics. It is very likely to affect either a papular or a pustular (sometimes almost a furuncular) manifestation and to be observed both on the hairy and non-hairy portions of the area mentioned. This latter fact serves to differentiate it to some extent from the non-parasitic sycosis, which is a disease of the hair follicle. The furuncular-form lesions which are encountered may be differentiated from the parasitic sycosis by their tendency to accept the center of the cheek as the point of attack. Syphilis may usually be recognized by its history of duration, of localities affected (a greater portion of the entire skin structure), of enlargement of the glandular structures and possibly the character of the individual asking advice. The character of lesion found in syphilis will differ sufficiently at one point or another to give a clue to its cause.

Alopecia areata, which may often be found upon the hairy portions, is seen in about one-seventh of 1 per cent. of all those seeking attention. It may be observed in any age or either sex, and will show sufficient loss of hair to attract notice. The loss of hair will be in limited areas and generally form a roundish outline. The totality of the decrease will present a marked contrast to the unaffected areas. Its billiard-ball appearance will be sufficient to discount either ringworm or syphilis. Ringworm usually shows a stubby or broken character of the hair in the affected patch, while the surface of the skin will present rather a studded look or the loss may be observed connected with some form of pustulation at the follicular orifices of the diseased part. Syphilitic influences generally cause a general thinning of the hair, and may be overlooked by the casual observer unless attention is thoroughly called to this manifestation.

Chloasma, another affection which usually accepts the face as a suitable position for its presentation, invades about one-half of 1 per cent. of clinical and private patients. It seems to select the non-

hairy areas rather than those covered with this protective growth. This pigmented condition is rather of a permanent character, and may be diagnosticated from lentigo or ordinary freckles by this tendency, as well as its inclination to define a darkish brown aspect more often than a yellowish tinge of hue. Lentigo may often show a streak of coloration, while the disease under consideration presents a more decided pigment. Pigmented deposits from most cutaneous diseases are inclined to exhibit some character of inflammation which is apparent in the reddish tint throughout the affected patch. Most of these patches, which are due to the influence of another disease, tend to an irregularity of their borders and fade at points imperceptably into the surrounding healthy portions.

Comedones, like acne, accept any portion of the face, owing to the wide distribution of the sebaceous follicles. It is seen in a little less than 1 per cent. of all integumental diseases. Other portions of the body may present as much of this condition, but for this our advice is never sought. They may be encountered directly in the follicular orifice without much inflammation or upon the summit of some of the acne lesions. Their distinctness is peculiarly apparent.

Eczema, an affection which does not conserve to any strict rules in the portion which it elects, affects both the hairy and non-hairy divisions of this part. About one-third, or possibly 35 per cent., of persons coming for advice and treatment show one form or another of this inflammation. As a rule, it does not limit itself to the hairy portions of the face, but often this peculiarity is noticed, thus confusing the diagnostician. When the eczematous eruption simultaneously affects the hairy and non-hairy areas it is sufficient to know that the case is not one of the follicular diseases which is before the physician. If the cutaneous inflammation is confined to the hairy parts its acceptance of the follicular orifices will suffice to entertain the idea of a follicular disease. In children eczema usually affects the center of the cheeks, although not entirely limited to this area, while the manifestation is mainly of the vesicular type. These lesions have a decided tendency to early rupture and coalescence with a conglomerate crust. Adults present pustules when eczema attacks the bearded portions of the male, and this causes the effort to distinguish the non-parasitic and parasitic sycosis. These diseases will receive attention in their proper place in the following lines of this paper.

Epithelioma, an affection that may select either the forehead, cheeks, nose or lower lip, is encountered in the proportion of about 2 in every 1000 cases as recorded in the clinic books of most dispensaries. It may at times, although very rarely, be found upon the upper lip. It is undoubtedly an affection of old age, but occasionally it has been noted in those of middle life or even upon the face of persons in the early portions of their fourth decade. It may be seen as a small crusted lesion, with the history of repeated falling and reformation of this crust, or it may be noted as an enlarged ulcer, with borders having a tendency to roll inwards. We often observe a benign form, which is a sebaceous degeneration of little import, presenting possibly several flattened lesions over the forehead or upon the cheeks. The more malignant are of an exceedingly slow growth and may take years to become of much magnitude. We distinguish epithelioma from syphilis by the fact of its slow growth, its repeated formation of crusts, its rolled borders, its emitting no odor and the age of the person affected. The floor of syphilitic ulcers is uneven and is continually throwing off a foul-smelling discharge. Lupus is a disease of slow growth, of early life (although it may extend over years), presents nodular growth and a peculiar jelly, red, gummy discharge.

Folliculitis, a disease of the glandular follicles, is a pustular affection situated at the mouths of these little ducts. It often closely resembles the non-parasitic sycosis, from which it is to be distinguished. The occurrence of this condition after some form of irritation, and the tendency to rapid cure, or even its character of rapid extension with each irri-

tation, is sufficient to cause its recognition.

Simple herpetic conditions of this part of the human economy is rarely ever witnessed at points other than the angles of the mouth or nose. Their vesicular character, with tendency to discreteness and position, usually suffices to correctly interpret them.

Herpes zoster, which, according to recent statistics of the prevalence of this condition, is observed in about the proportion of one case in every 525 cases of all those appearing at hospital clinics, is found to attack those portions of the face supplied by the fifth nerve. If this inflammation extends and includes the frontal branch the eruption will be observed in the supraorbital region, and if allowed to proceed further without intervention may implicate the ciliary branch and the long root of the gasserian ganglion, as well as the lachrymal nerve and thereby cause conjunctivitis or even iritis. With this extensive condition, and the effects that are likely to follow it, we may all see the advisability of early recognition. The peculiar vesicular outbreak, with its characteristic manner of grouping and the pinkish areola, will usually be sufficient to make a correct diagnosis, but the addition of pain to these well-marked symptoms will generally suffice to assist one in this differentiation.

Contagious impetigo, appearing as it does in the ratio of twelve in every 1000 recorded cases, is found to attack both the hairy and non-hairy portions of the face. Children are more prone to the disease than adults, although the latter very often show the appearance. When observed in adults it is likely to lead to errors of diagnosis, owing to its appearing upon the hairy parts. Its characteristic manner of crusting, that of presenting detached edges, will usually be found sufficient to correctly diagnosticate it, but when extensive, and the hair becomes matted, the difficulty is increased. Its superficial method will assist greatly in differentiating it from parasitic sycosis, which it so closely similates. Upon removal of the crusts that have formed the skin shows a peculiar glossy, moist surface and shows no loss of hair over the affected regions. It causes some itching, at times violent, and is carried by the finger-nail from point to point of the face, both the hairy and non-hairy parts thus establishing another point of difference. Being contagious, this character may often be published by several members of a family or by neighboring friends.

Another pigmentary affection, lentigo, occurs in rather less than one-fifth of 1 per centage of our clinical cases, but it is possible that many cases are unrecorded through the inattention of those who have and think nothing of the trouble. The parts below the eyes receive the most of these little pigment spots, and this may be taken as one point of diagnostic value in differentiating it from chloasma. Other points may be found in the record of chloasma and its diagnostic differences.

Lupus erythematosus, which happens at clinical services in little less than one-half of 1 per cent., is seen more often than lupus vulgaris, which is only declined about one or two degrees. Erythematous lupus usually occupies the center of the face; it may be observed, as for instance in text-book cases, upon the cheeks in large areas, with a connecting link across the bridge of the nose, thus making what has been termed the bat wing variety of the condition. It may accept the angles of the eyes, especially the inner canthus, or may be found in small areas at almost any portion of the cheek, where it may be detected in characteristic patches, with the accompanying atrophic enclosures. The surrounding diseased portion may or may not reach above the affected atrophic areas. Unusually it may be found upon the sides of the face and observed to dip down upon the areas of the neck. The surface of the skin over the diseased patches may show some slight tendency to a kind of furfuraceous scaling. The edges of this form of affection are usually well defined while itching may not be of a constant character nor then of a decided degree. From eczema we distinguish lupus erythematosus by its decidedly dry manifestation, its being found usually in

limited areas, its raised borders with atrophic centers, its duration (generally of long standing), its non-itchy character and the point of attack. Eczema is often moist, is crusted rather than covered with a scale, itches violently at times, gives history of recurrences, with short duration of each attack.

Lupus vulgaris fortunately is not a decidedly common affection, but it is usually observed upon the face more often than elsewhere. It is manifested by the appearance of small nodular tumor-like formations upon the anterior portion of the face generally, but occasionally seen elsewhere. Early in its history, if seen, the peculiar currant-jelly, gummy discharge may be detected exuding from some of these little nodular growths and afterwards collecting upon the surface of the skin as heavy or light crusts with this tint of color. As a point of diagnostic value, mention may be made of the particularly hardened character of the resulting scar, thus differing from that soft and smooth feel of the syphilitic cicatrix.

Milium is observed in the proportion of one-fourth of 1 per cent. and noted upon that portion of the face near the eyes, in the angles and below these organs. Their distinctly whitish character is usually sufficient to distinguish them. Expressing their contents the sebaceous secretions may be detected.

A little over $3\frac{1}{3}$ per cent. of all cases, both private and clinical, are made up of psoriasis. This affection, owing to the tendency of itself and other affections resembling one another, places it in our province to speak freely of this condition. The lesion that is commonly observed in this most disagreeable of cutaneous affections, owing to its long continuance, is a papule pure and simple throughout its whole history until it happens to form a coalition with other lesions in its immediate contiguity. A distinguishing feature of this disease is made manifest at the very earliest moment of the appearance of its lesion, and reference is now directed to the tendency to the early appearance of the scale at the summit of this new-formed papule. A lesion is noted to appear, and yet at the same moment the scale is found in its position. After the lesion has had time to progress in size the distinctness of the lesion becomes more apparent, because of the tendency of the edges to become well marked and raised above the surrounding healthy areas; the scale at this time alike assumes more characteristic signs, that is, the tendency to lamination or overlapping of the scale, which thus is made to resemble the shingles of a roof in their method of posing. The coalescence of the lesions soon is completed just as quickly as their edges approach one another. Another very important distinguishing mark is the appearance of new crops of lesions at all times, and while we observe large lesions of those which have coalesced, we see these small lesions appearing throughout the history of the attack. Syphilis may be differentiated because of this tendency of appearance of new crops. Eczema is a moist rather than a dry affection, is likely to be covered with crusts more often than scales, which are only observed in the squamous variety, and is more likely to be an acute inflammation, while that of psoriasis is usually a most chronic one.

Slightly less than 1 per cent. of cutaneous diseases are attributed to rosacea, and whether it is the erythematous or hypertrophic stages the condition is just as important. The earliest stage of this integumental condition is the formation of telangiectatic streaks (engorgement of the cutaneous capillaries), which after a time may become more and more distinct as the stasis becomes complete. The walls of these little vessels become less elastic as time passes, and as this resiliency is decreased it is natural that the walls become stretched. Following these telangiectatic marks and the completeness of the stasis we meet with the hypertrophic stage of the condition, which is more often shown upon the nose in greatness of bulk in regular outline, or the part becomes lobulated, three or more lobes becoming demonstrated. The conditions present in this affection are of such distinctness that little cause for error may be entertained. Its resemblance to other cutaneous diseases is so slight that failure to recognize it should never occur except in very rare instances.

Seborrhea, of which we meet with three varieties, congestive, oily and dry, is observed in 1½ per cent. of the grand total of persons presenting themselves for advice and treatment. It is usually found attacking the wings of the nose and slightly to extend to the contiguous portions of the cheeks. The congestive manifestation usually shows much inflammation around the mouth of the follicles and causes some thickening and infiltration, with loss of substance, at these points. The oily variety does not show much irritation, but is continually exuding great quantities of an oily or sebaceous secretion which has degenerated. The dry form, of which we meet with most instances, gives usually a history of long continuance, being situated for the most part upon the nasal wings and causing some thickening after a time, which is apparent to the touch, as well as the large patulous follicular openings, which are distinctly apparent to the unassisted eye. This disease is diagnosticated from eczema, to which it more closely resembles than any other cutaneous disease, by the permanency of position, time of duration, enlargement of follicular orifices, excretion of sebaceous material, with the small touchings of crusts and tendency to superficial thickening.

Affections of the skin due to the influence of syphilis form about 11 per cent. of all the cases which come to the clinic of the dermatologist, but this in no wise includes all of the cases of this condition, because both the surgeon and the syphilographer meet with many cases, as the line of demarcation, as it were, is not well shown between these observers. Upon the face syphilis is noted to attack the entire face in the so-called secondary manifestations, but in the later stages it seems to pick out its position. The papular or pustular varieties of the early stages of the cutaneous eruptions may assume any portion of the face to be its province, and, because of this, it is very likely to be confused with the ordinary sebaceous inflammations, as, for instance, acne, but its presence upon other portions of the body will serve to distract one's attention from those conditions. Acne may often be found upon the chest and back, but seldom below these parts, while syphilis attacks other portions of the trunk and extremities. As stated when speaking under acne, syphilis may usually be recognized by its history, of duration, of localities affected (a greater portion of the entire skin structure), of enlargement of the glandular structures, and possibly the character of the individual asking advice. We differentiate psoriasis on account of its resemblance to the squamous, papular form of the syphilides. The lesions of psoriasis are always papular, are from their earliest appearance covered with a scale, these scales are heaped up in great abundance, their mode of arrangement is sufficiently characteristic (that of being laminated or arranged like the shingles of a roof, overlapping one another), the appearance of new crops of lesions throughout the history of a psoriasis thus showing at one and the same time lesions differing greatly in size, one set of lesions being possibly bean, or even having a diameter of one or more inches, while the new crop shows lesions about the size of a pinhead.

The bearded region of the face contributes two affections to this list of cutaneous eruptions attacking this part. Sycosis vulgaris, or the ordinary non-parasitic sycosis, is observed in a little less than one-third of 1 per cent. of cases appearing at either out-patient departments or in private work. Upon the face, its usual habitat, it may be found in most instances either upon the upper lip or upon the sides of the face, directly in front of the ear, but may often invade the more full portions of the cheeks or even be noticed attacking the under surface of the chin and neck. Its lesion is a discrete pustule, which usually has a hair protruding through its center, owing to the follicle contributing to the disease, and the hair, being in close contact, remains in situ.

The parasitic form of sycosis is found in about equal proportion to the previously mentioned variety. It usually accepts those portions of the face which are well supplied with softness, as the cheeks upon their lower portions, or the neck.

The lesion at first is usually a circinate ringworm, but as the disease soon attacks the hair, it dips down into the follicles and after a time presents some furuncular-form characters. The differential diagnosis lies between the parasitic and non-parasitic forms of sycosis, and their individual peculiar characteristics are generally so well marked that little cause for error should be found. As one or the other may attack portions other than its usual position, this fact may lead one astray, but by closely examining the manifestations presented, remembering that the pustule of the parasitic form is likely to become furuncular early, and that the pustule of the non-parasitic variety is usually small, will be sufficient to make a correct diagnosis in most cases, but where it is difficult resource may be had to the microscope, which will soon reveal the tricophyton of the parasitic disease.

Xanthoma, an affection which occurs in less than one-tenth of 1 per cent., is often observed upon the face, and selects that portion near the eye, and usually the inner canthus. It is shown as a yellowish discoloration, with the whole extent of the lesion raised. It is differentiated from milium by its color and the fact that milium has contents of disordered sebum.

In preparing this paper it has been the thought of the writer to give the general facts of differential diagnosis of these conditions, and it is the wish that they will assist all to better appreciate affections of the skin in general.

Guaiacol Applications in Gonorrheal Epididymitis.—Jarolav Lenz in Medicine reports the results of this treatment in fifty cases. The application of a 10 per cent. ointment with vaseline is the best treatment for this condition. The application is analgesic and antipyretic, and is applicable in acute suppurative and traumatic cases. In subacute cases it is less valuable, and is of little use in promoting absorption after all acute symptoms have subsided. The method is free from danger and is always followed by a prompt lessening of the subjective symptoms.

INJURIES TO THE NEW BORN IN CROSS, COMPLEX AND BREECH PRESENTATION.

By Edwin Rosenthal, M.D.,

Secretary of the Section on Diseases of Children, American Medical Association; Physician to the Home for Hebrew Orphans; Formerly Physician-Accoucheur to the Women's Lying-in Society of Philadelphia, etc.

To record the truthful experience of an obstetrician may not enhance his reputation, nor add materially to the value of the specialty as a science when such experiences deal exclusively with misfortune or the unfortunate results of misapplied skill. It may, however, be of some use to hint a caution, and in the study of the best modes of terminating malpositions show what injuries do result, and, in knowing such dangers, seek to prevent them, and, if they do occur, find a means to cure them.

Authors differ greatly in their manner of classifying labor, some viewing all instances terminated by the unaided expulsive forces as natural; others limiting the latter to those cases where the head is the presenting part; others, again, such as Dr. Rigby, deeming the presentation natural if it comes either by the cephalic or pelvic pole. We prefer reckoning only the cephalic as natural, not only because it is the predominating presentation (out of 327,000 cases 321,000 were by the head.—Dr. Alexander Milne), but also because it insures the easiest and safest labor. There is no better arrangement than that followed by Churchill and Merriman, and accordingly we shall adhere very closely to it.

It is as follows:

Class I.—Natural labor.

Class II.—Unnatural labor.

Class III.—Complex or complicated labor.

The variety of presentations are sufficiently well known, and are briefly as follows:

1. Head.
2. Feet, including knees.
3. Pelvis, including breech and hips.
4. Transverse presentations, including

arm, shoulder, elbow, hand, back, belly, chest and sides.

In discussing this paper I will discard the cephalic presentation, as, all things being equal, the pelvis of the mother being of normal growth, the child of normal size and weight and no impediment in any way, injury to either mother or child is out of the question. In apposition to this I wish to present the injuries received by the child during parturition, making this point, that the pelvis of the mother is normal in every respect and that the injuries so received are mainly and only due to: (1) The malposition of the child; (2) The mechanism of such labors, and (3) To the artificial means undertaken to terminate such labors.

I will not dwell on the causes that lead to malpositions and malpresentations, but may give them in my cases reported as they have occurred and so been noticed.

Except where the feet or knees are presenting I may be warranted in terming the artificial means used in correcting these presentations as one of version. It is whilst in the performance of this operation and during the extraction of the child that the injuries are made, and they are, unfortunately, frequently such that all the skill and ingenuity of a well-trained and competent obstetrician finds it an impossibility to prevent. That such injuries are frequent can remain unquestioned. Unfortunately, very little attention has been given by authors to it, and I coincide with Ruge (whose cases I shall briefly describe) in the fact that most of our text-books pass lightly over the subject of injuries to the new-born in these presentations, some even going so far as not to mention them.

In this most excellent monograph of Dr. Carl Ruge (*Zeitschrift für Geburtshülfe und Frauenkrankheiten*, Band 1, Stuttgart, 1876, pp. 68-90) entitled "The Fetal Lesions Following Extraction in Pelvic Presentations," are concisely given the lesions following extraction of the child in cross-births as well as in breech presentations. Ruge makes the distinction of breech presentations primary and those deliveries by version. (*Verletzung bei Extractionen nach Wendung*, and *Verletzung bei Beckendelagen.*)

In the tables presented by him he tells of the injuries found after accurate post-mortem examinations. Ruge quotes in sixty-three cases thirty-eight injuries of larger and smaller extent. He found in forty-two cases of version twenty-seven injured, of which post-mortems were made; and in twenty-one breech presentations eleven were so injured and dissected by him.

The impressions, fissures, fractures of the cranium after versions were mostly observed in normal children and the narrow pelvis of the mother. Six cases were with narrow pelvis where all the children were of normal size. Clavicular fractures are evenly divided between normal and abnormal conditions, and he found in six cases three narrow pelves, two normal and the last not measured. Fractures of the humerus, femur, mandibulum appeared to be more frequent in normal pelves and in normal and small children. In eight cases he found four normal pelves, two narrow and two not measured.

His method of extraction is, briefly, as follows: 1. Traction on the trunk, on the extremities, on the shoulders, etc. 2. Traction on the trunk, etc., with descent of the face by the aid of the fingers in the mouth or in the canine fossae. 3. The pushing up of the vertex, descent of the face, combined with rationally-performed expression (Martin, Kristeller). To accomplish these maneuvers he used the Prager and Veit-Smellies methods.

Despite these methods, which might be termed classical, pursued by Ruge and many others, such injuries to the fetus take place, which, if not at once fatal, may have a lasting effect on its future. I have been told by my friend, the late lamented Parvin, that rumor says that the present Emperor of Germany bears the result of an injury of this description. Whilst Ruge gives no table of injuries to new-born yet alive, his tables are so interesting, showing the results of such extraction, that I give a brief *résumé* here. That he has by section demonstrated the truth of his investigations gives his results great value, as it is a most difficult thing to obtain in this city such subjects to make our results truthful and specific.

The following table speaks for itself:

RUGE'S CASE.

INJURIES AFTER EXTRACTION BY VERSIONS.

No. Injuries.

1—Fractura humeri sinistri.
2—Fractura ossis parietalis.
3—Not given.
4—Fractura femoris, separation of the upper epiphysis of the tibia.
5—Fractura ossis occipitalis and rupture of the longitudinal sinus.
6—Fractura claviculae
7-8—Separation of the epiphysis of the mandibula. Tear in the lip, rupture of the longitudinal sinus.
9—Not given.
10—Not given.
11—Rupture in the second dorsal vertebra. Lesion of the pectoral and sterno-cleido.
12—Rupture of the fourth cervical vertebra and the third dorsal vertebra. Lesion in the pectoralis major.
13—Fractura claviculae and fractura humeri dextri. Lesion of the sterno-cleido-mastoid.
14—Hemorrhage into the abdominal cavity.
15—Not given.
16—Not given.
17—Separation of the epiphysis of the occipital bone and separation of its articulations. Lesion in pectoral and sterno-cleido-mastoid. Extravasation of blood in the cervical muscles.
18—Rupture of the fourth cervical vertebra. Lesion of pectoralis minor; fractura humeri.
19—Rupture of the third cervical vertebra. Separation of the clavicular epiphysis. Lesion of the pectoralis major.
20—Impression of the parietal bones. Fracture of the clavicle, with separation of its epiphysis.
21—Not given.
22—Incomplete separation of the occipital bone from its articulation.
23—Lesion of the mm. pectorales, with parenchymatous extravasation of blood. Lesion of the sterno-cleido-mastoid.
24—Lesion of the sterno-cleido-mastoid.
25—Not given.
26—Not given.
27—(Hydrocephalus) rupture of the spinal column (third dorsal and fourth cervical). Separation of the epiphysis, the os occipitalis and separation from its articulations. Lower maxillar. Tear in the outer integument from the corner of the mouth outward; same in the mucous membrane of the pharynx. Rupture of the genio-glossal.
28—Impression into the right parietal cum fissura.
29—Solution of the epiphysis of the occipital bone into the articulations. Rupture of the third dorsal vertebra. Dislocation of the right ilio-sacral joint.
30—Not given.
31—Not given.
32—Not given.
33—Rupture of the symphysis sacro-iliac joint.
34—Separation of the epiphysis of the os occipitalis from pars basilaris. Hemorrhage into the abdominal cavity.
35—Not given.
36—Hemorrhage into the abdominal cavity. partial rupture of third dorsal vertebra.
37—Not given.
38—Lesion of the cervical muscles.
39—Hemorrhage into the abdominal cavity. Separation of the epiphysis between the occipital bone and the pars basilaris. Rupture of the sacro-iliac simphysis.
40—Fractura femoris. Complete rupture of the muscles of the thigh.
41—Fractura humeri dextri. Fractura claviculae.
42—Hemorrhage into the abdominal cavity.
43—Fractura humeri dextri.
44—Fractura humeri dextri. Fractura ossis mandibulae (right side). Tearing and complete rupture of the integument (4 cm. long) from the angle of the mouth, external and internal to the soft palate. Tongue torn through on the side almost completely.

TABLE II.

INJURIES BY BREECH PRESENTATION.

1—Hydrocephalus. Fissura ossis frontalis.
2—Not given.
3—Not given.
4—Not given.
5—Not given.
6—Not given.
7—Hematoma labiae pudendis; fractura femoris.
8—Not given.
9—Hemorrhage into the abdominal cavity.
10—Rupture of the fourth dorsal vertebra.
11—Not given.
12—Not given.
13—Not given.
14—Not given.
15—Not given.
16—Lesion of the sterno-cleido-mastoid dexter. Hemorrhage into the abdominal cavity.
17—Not given.
18—Not given.
19—(Hydrocephalus) hemorrhage into the abdominal cavity. Extravasation into the plexus pampiniformus.
20—Lesion of the sterno-cleido-mastoid.
21—Separation of the occipital bone from its articulation. Lesion in the sterno-cleido mastoid and pectoralis major.
22—Separation of the occipital bone from its articulation. Fractura claviculae.
23—Rupture of the suture between the temporal and parietal bones. Fracture in the direction of the lambdoid suture. Cephalohematoma out of the right parietal bone.
24—(Hydrocephalus). Vertebral rupture (first dorsal). Hemorrhage into the abdominal cavity. Complete rupture of the sterno-cleido-mastoid.

25—Not given.
26—Extravasation of blood into the right sterno-cleido-mastoid.
27—Hemorrhage into the abdominal cavity. Rupture of the fifth cervical vertebra.
28—Lesion of the sterno-cleido-mastoid.
29—Separation of the epiphysis of the ossa occipitales and pars basilaris. Rupture of the transverse sinus. Lesion of the sterno-cleido-mastoid.

In the tables presented by myself I can but add that the extraction of the child was in the manner commonly pursued by obstetricians. In most of the cases anesthesia was used, that is, surgical anesthesia, and such assistance that I could command was at my service. Despite the precautions and care taken injuries would result which we were powerless to avert. My methods of extraction were concisely these. In cross or breech, whatever the case might be, this method might be termed the operative method, and is composed of three stages: 1. Introduction of the hand and search for the foot. 2. Evolution of the fetus. 3. Extraction of the fetus.

Introducing the hand, the fingers brought together in the shape of a cone, the thumb against them, I at once ruptured the membranes. I enter the uterus as deeply as possible, even to the fundus if necessary. I seek the lateral or posterior surface of the fetus. Following the surface of the nates and thence along the thighs, and thence along the leg until I find the foot I seek, which is always the anterior one. Then with external and internal manipulation, complete version, that is, cause evolution of the fetus. Then comes the third stage, that of extraction. Here is where the injuries are mostly made. The extraction according to Naegelé and Grenser may be divided into three stages: 1. The body of the fetus as far as the shoulders. 2. Extraction of the arms. 3. Extraction of the head.

The difficulty lies in the two latter stages. I pursue either Veit's method, Mauriceau's method or the Prague method, preferably the latter. When the head is high up the body of the fetus is carried backward towards the perineum, the fingers are applied over the shoulders and traction is made downward and backward. Once the head is in the pelvis the other hand seizes the limbs of the fetus, and, lifting the body rapidly towards the body of the mother, keeping up traction through the fingers applied over the shoulders, the fetus is delivered.

I practiced version twenty-four times, with the following results:

Cause.	No. of cases.	Children died.	Injured.
Placenta previa.....	5	4	1
Transverse presentation.	15	4	11
Convulsions	3	..	3
Complex presentation..	1	1	..

The mortality was nine in twenty-four cases—36 per cent.—Dr. Churchill's ratio being one in three, almost similar.

The following table explains itself:

PODALIC VERSION.

No.	Cause.	Sex.	Age and Nationality of Mother.		No. of confinement.	Term of Birth.	Result to Child.	Injury.
1	Puerperal Convulsions.	F.	American.	27	1	Premature.	Alive.	
2	Twins in Puerp. Con.	F.	Russian.	23	1	Full term.	Alive.	
3	Twins in Puerp. Con.	F.	Russian.		1		Alive.	
4	Second of Twins.	M.	American.	28	2	Full term.	Alive.	Sterno-cleido-extrad.
5	Placenta Previn.	F.	American.	22	2	Premature.	Dead.	Complete separation of head.
6	Placenta Previn.	F.	Russian.	32	5	Full term.	Dead.	
7	Cross L. D. A.	F.	Russian.	20	1	Full term.	Alive.	
8	Cross L. D. A. Twin.	M.	Sweden.	33	1	Full term.	Alive.	
9	Second of Twins.	F.	Russian.	38	7	Full term.	Alive.	
10	R. D. A.	M.	W. Prussian.	22	1	Full term.	Dead.	Fracture r. humerus, rupture of liver.
11	Cross L. D. A.	M.	W. Prussian.	30	3	Full term.	Dead.	Asphyxia.
12	Cross R. D. A.	F.	Italy.	32	4	Full term.	Alive.	Paralysis r. arm. Brachial.
13	Cross L. D. A.	F.	Russian.	24	1	Full term.	Alive.	Extrav. in neck.
14	Placenta Previn.	F.	Russian.	22	1	Full term.	Alive.	
15	Placenta Previn.	F.	German.	34	4	Full term.	Dead.	Separation of occip. art.
16	Placenta Previn.	F.	W. Prussian.	36	3	Full term.	Dead.	Dead in utero.
17	Cross L. D. A.	M.	W. Prussian.	26	1	Premature.	Alive.	
18	Cross L. D. A.	M.	American.	27	3	Full term.	Dead.	Fracture of clavical and r. humerus, hemorrhage in abdomen.
19	Foot and Face.	M.	W. Prussian.	35	3	Full term.	Dead.	Complete separation of leg from thigh, fracture of arm and rupture of vertebrae column.
20	Cross L. D. A.	F.	Russian.	30	7	Full term.	Alive.	
21	R. D. P. and Umbil. Cd.	M.	Russian.	35	9	Full term.	Alive.	
22	R. D. A. (2d of Twins).	F.	Russian.	38	5	Full term.	Alive.	
23	R. D. A.	M.	Russian.	34	8	Full term.	Alive.	
24	R. Shoulder.	F.	W. Prussian.	28	7	Full term.	Dead.	Fr cle; hemorrhage.

Of breech presentations I report twenty-seven cases, of which nineteen died. There were of these fifteen premature births and seven were full term.

The following table, like that of version, explains itself:

BREECH.

No.	Presentation.	Sex.	Age and Nationality of Mother.		No. of confinement.	Term of Birth.	Result to Child.	Injury.
1	R. S. P.	M.	Russian.	27	3	Full term.	Dead.	Asphyxia.
2	L. S. P.	F.	Russian.	22	1	Premature.	Dead.	
3	L. S. A.	F.	Russian.	25	1	Full term.	Dead.	Laceration of m. thigh and fract. femoris.
4	L. S. A.	M.	Russian.	22	1	Full term.	Alive.	Fractured femoris.
5	L. S. P.	M.	American.	21	1	Full term.	Dead.	Asphyxia.
6	L. S. P.	F.	Ireland.	38	7	Full term.	Dead.	Asphyxia.
7	L. S. P.	M.	Russian.	19	1	Full term.	Dead.	Asphyxia.
8	L. S. A.	F.	American.	35	3	Premature.	Dead.	Died in utero.
9	L. S. A.	M.	American.	25	1	Premature.	Dead.	
10	L. S. A.	M.	Russian.	20	1	Premature.	Dead.	
11	L. S. A.	F.	German.	22	1	Premature.	Dead.	
12	L. S. A.	F.	German.	26	1	Premature.	Dead.	
13	L. S. A.	F.	Russian.	28	3	Premature.	Dead.	
14	L. S. A.	F.	American.	21	1	Full term.	Alive.	In sterno-cleido-mastoid rupture.
15	L. S. A.	F.	American.	36	5	Full term.	Alive.	
16	P. S. P.	F.	Russian.	35	6	Full term.	Alive.	Fractured femoris.
17	L. S. A.	F.	Russian.	34	7	Full term.	Alive.	
18	L. S. A.	F.	Austrian.	19	1	Full term.	Alive.	Hemorrhage into labia.
19	R. S. P.	F.	Russian.	22	2	Premature.	Dead.	
20	L. S. A.	M.	German.	28	3	Premature.	Dead.	
21	L. S. A.	M.	English.	25	2	Full term.	Alive.	
22	L. D. A.	M.	Ireland.	24	1	Full term.	Dead.	Asphyxia.
23	L. D. A.	F.	Russian.	24	4	Full term.	Dead.	Fracture of humerus.
24	L. D. A.	M.	American.	18	1	Premature.	Dead.	
25	L. D. A.	F.	Hungarian.	28	3	Premature.	Dead.	
26	L. D. A.	F.	Hungarian.	19	1	Full term.	Alive.	Injury to brachial.
27	L. D. A.	F.	Russian.	31	2	Premature.	Dead.	

To briefly summarize, the following are the injuries: Where version was incomplete or impossible there were three cases: 1. Right arm in the vulva—complete decapitation. 2. Placenta previa, the placenta delivered in a primapara, a cross-birth, traction on the arm to prevent the hemorrhage which might cause death; to deliver, the operation of spondylotomy was done by fracturing the third, fourth and fifth dorsal vertebrae. 3. Spontaneous expulsion, atelectasis, hemorrhage into the pleural cavity on the right side, rupture of the liver and hemorrhage into the abdominal cavity.

Two other instances should be mentioned: 4. Feet delivered, arms extended over the head in the uterine cavity above the superior straight; aiding delivery caused fracture of the humerus. 5. Hydramnios, arm and feet presenting, resulting fracture of clavicle, hemorrhage into the muscles of the neck, with rupture of the sterno-cleido-mastoid.

In conclusion, I might mention some theoretical injuries inflicted by this mode of presentation, such as anemia of the brain, due to closure of the umbillical circulation, causing convulsions, etc., in a day or two afterwards; injury to the phrenic or pneumogastric nerve; collapse of the lungs; edema of the lungs, etc. But as the cases live, or where they die post-mortems are forbidden, we lack the proof of such injuries.

Hemorrhage into the abdomen, rupture of the liver and separation of the epiphysis of the bones are the most frequent injuries. A post-mortem on an infant nine days old showed death due to a secondary hemorrhage from a ruptured liver. The first clot was *in situ*. This case was exhibited before the J. Aitkin Meigs Medical Association, and in the discussion that followed similar injuries were described.

When the fetus succumbs to the manipulations I feel sure that death is in many cases due more frequently to some injury inflicted than to asphyxia, for in all my manipulations I am as slow and precise as possible in regard to safety, and frequently, after what I thought an age in delivering the child, accomplished the same without injury to either mother or child.

It may be possible that in many cases delivered in this presentation the means used to resuscitate the child (Schulz's method or the like) may be the secondary cause of death by their manipulations. They may, however, cause a greater percentage of mortality, but do not cause the injuries I have endeavored to describe.

GASTROPTOSIS—A CLINICAL STUDY.

By Harry Adler, A.B., M.D.,

Chief of Clinic on Diseases of the Stomach and Intestines at the Maryland University Hospital.

The condition of downward displacement of the stomach, termed gastroptosis, has been recognized forty-five years, already in 1853 Virchow having called attention to anomalies in the position of the abdominal viscera. From a clinical standpoint attention was first called by Glénard, who pointed out the frequency of malposition of the stomach and intestines, especially of the transverse colon, and also the relation of this condition to the many forms of nervous dyspepsia. The cause of enteroptosis Glénard believed to be the relaxation of the colicohepatic ligament, thereby allowing a sinking and pinching of the transverse colon, followed by a relaxation of other ligaments, with a downward dislocation of the stomach and kidneys, and even of the liver and spleen.

In Germany it lies to the credit of Ewald, and of Fromont in France, of having called general attention to this condition and of having combatted the purely hypothetical explanation of Glénard. In 1891-1892 Meinert, upon the basis of numerous investigations, showed the frequent occurrence of gastroptosis in the female and its almost constant occurrence in chlorosis. He endeavored to find in the gastroptosis an anatomical basis for the chlorosis. This belief has never been generally accepted. At the present time the frequent occurrence of malposition of the stomach and its casual relation to concomitant nervous trouble is recognized by nearly all authorities. The importance of its diagnosis may therefore be readily appreciated by the practitioner who sees, perhaps, more of these cases than the specialist.

The etiology is to be found chiefly in relaxed abdominal walls, as results so frequently from child-bearing, in tight lacing, in rapid loss of fat and in curvature of the spinal column. By far the most frequent causes are parturition and tight lacing. The patients suffer chiefly from oppression and a feeling of fullness in the stomach region after eating. They complain often of burning sensations, of eructation, of "fluttering of the heart" and pains in the back. Nausea is not a prominent symptom, and vomiting, in my experience, is infrequent. Chronic constipation is the rule, and is not infrequently associated with mucous colitis. In these latter cases Boas has found enteroptosis in addition to the gastroptosis. Twenty-five unselected cases of chronic stomach trouble occurring in the female were examined by me with special regard to occurrence of gastroptosis. Of these twenty-five women seventeen were found to have gastroptosis, *i. e.*, 68 per cent. Of these seventeen cases fourteen had born children. In two remaining tight lacing was the cause, and the third case had undergone a laparotomy some years previous.

The method for determining the position of the stomach was in every case the same. A teaspoonful each of sodium bicarbonate and tartaric acid was dissolved in separate beakers of water and given to the patient to drink one after the other. The patient was cautioned not to belch up any of the gas. By this means (method of Frerichs and Mannkopf) the limits of the stomach could be mapped out with the greatest ease. In some cases the lower curvature was near the symphysis pubis and upper curvature almost at the umbilicus. In every case the upper curvature could be made out, the means of diagnosis of gastroptosis from gastrectasia or dilatation of the stomach. Untoward symptoms resulted from this method in but one case, a neurasthenic, who, a few seconds after the solutions were taken complained of intense oppression, became intensely pale and almost pulseless at the wrist. The prompt introduction of the finger down her throat allowed the carbon dioxide to pass out with an immediate cessation of the symptoms. In all the other cases the patient easily got rid of the gas after the examination. As most of the patients were constipated, and the salts acted as a purge, they thought the procedure was part of the treatment.

The treatment of this condition is very satisfactory in relieving the symptoms. If tight lacing be the cause it is the duty of the physician to speak emphatically against it. The corset should be replaced by hygienic waists and skirt supporters to remove the weight of the clothing from the waist. As a mechanical support in cases of relaxed abdominal walls an abdominal supporter does a world of good. Patients quickly become accustomed to it and wear it constantly, with a consequent marked amelioration of their symptoms. The chronic constipation should, like most chronic disorders of the digestive tract, be treated by diet rather than by drugs. The diet should, therefore, be nourishing and with a special view to the relief of the constipation. Cold water douches are beneficial in toning up the general health. Massage, electricity to the abdominal muscles and abdominal gymnastics are of use, but only if continued for weeks.

As regards medicines, strychnine and resorcin are the most useful, given together after meals. To have any great effect the strychnine must be given in doses of 1-40 to 1-30 grain, three times a day, after each meal. Where the nervous element is marked and associated with great weakness the Weir Mitchell rest cure is found most efficacious.

INSANE PAUPERS.

By J. M. Worthington, M.D.,
Annapolis, Maryland.

Among the many changes and chances of the physician's life, few matters appeal to his heart and mind more forcibly than the abject condition of the insane poor who may be within the limits of his daily practice.

The poor we have always with us; it has been so from the beginning and will continue to the end of time. Every good man and every good woman must know, appreciate and understand something of their sufferings, but their minds can reason and their tongues can appeal for help for themselves, their children and their friends; for many of them there is hope, health and useful life; they have minds and can understand.

How is it with the poor who, from sickness, accident, vice, heredity or any other cause, have passed that strange, curious, subtle, incomprehensible, indescribable line that divides sanity from insanity, the great and rapidly-increasing class lightly termed "insane paupers," who appear today and are forgotten tomorrow? In many instances they remain at their so-called homes for months and even years; they are "sick" in the worst sense the word, so expressive, may be understood; their conduct is "strange," the family and friends know they are not "right," they are not properly lodged or supplied with food, clothes, and, says an "expert physician," they simply are permitted to drift through life, daily growing worse, daily more dangerous to themselves and the community, more expensive in the end to the State, and, above all and everything else, daily becoming less amenable to that scientific care and treatment that can make many such sick well, insane sane, the hopeless and helpless into independent workingmen and workingwomen.

Again, these poor creatures become "restless;" the nature of their sickness, or some unknown impulse, suggests or compels them to walk, run or wander without aim, object or end over roads, public and private, through fields, woods, thickets and swamps, until finally, scratched, torn, bleeding and almost or quite nude, their "appearance" and "conduct" naturally and properly brings them into the hands of the law, and they are arrested and resist; the officers, accustomed to deal with desperate beggars and tramps, are human, and meet such resistance with force; they are taken to the county jails, more or less injured physically and mentally; they are reported to the warden as "tramps," to be locked up in a cell and closely watched and guarded as bad, vicious and dangerous. The officers are not insanity experts, and the law probably to this point cannot be much improved.

The jail physician now takes the prisoner in hand, observes his conduct, inquires into his history and reports the case to the court; sometimes a jury may be called and the matter examined into

at once; sometimes innumerable cases have precedence, and the "insane pauper," whose only crime was unavoidable and unpreventable "sickness," is of necessity locked and barred in a felon's cell for weeks and months.

It would seem that the fair, impartial and speedy trial provided for in the laws of the land for the vilest criminals might be fairly interpreted to mean in these "sick" and "insane" cases a few days and not, as in actual practice, a few weeks or months.

Under our law there is too much machinery, too much technicality, too much expense; the State should take the matter in hand, and everywhere in Maryland, from the mountains to the sea, let this helpless, forsaken and forlorn class be provided for. Our people should be educated to know something of the misery and woe and want that is blighting the fair fame of Maryland. When the people know it, as they should, they will make a law and enforce it; they will send these creatures of whom I write to a home, retreat, asylum, hospital; they will be examined and treated by men learned in science and skilled in the art of healing. Many can and will be cured; many will be improved in body and mind; some, of course, will end their days in these asylums, hopelessly insane, but provided with essential comforts, heat, food, clothing, nurses and expert physicians, and no less should be done by the State for its helpless wards over whom

"Black Melancholy pours her morbid strain."

Two great wants now exist that make the immediate and only proper treatment of these cases at present impossible:

First, ample hospital accommodations, with sufficient funds to meet their expenses.

Second, an immediate and radical change in the law, so that two physicians noting any strange conduct in this class of patients could send them to the hospital for observation and treatment by men who are expert in such matters.

It is a curious phase of human society that when a man who has no friends breaks his arm or leg in any town or city our sympathy and instincts demand that he be immediately removed to a hospital for treatment. A man has his mind "broken," his reason, intellect, brain are all shattered; he is capable of committing the highest crimes known to the law; his condition is a thousand-fold worse than that of the first case—yet this man is not carried to a hospital for diagnosis and treatment, but to jail, where it would be dangerous for him to have the freedom of either yard or corridor, and of necessity he is locked in a cell, and, after a jury trial, has to be detained for weeks and months for proper hospital accommodations.

Medical Progress.

Treatment of Syphilis.—Tarnowsky and Jakowler (British Medical Journal) give the results of their experiments. Three colts were injected with from four to six grammes of calomel in the course of two and one-half months. With the serum of these animals sixteen cases of syphilis in various stages were treated by gluteal injections of 10-20 c. cm. The average number of injections was seventeen. No effect on the disease took place in any case. On the contrary, evil effects were noticed, including anemia, pyrexia, joint and muscular pains and albuminuria. The authors conclude that treatment of syphilis with mercurialized serum is at present contraindicated.

* * *

Placenta Previa.—Jardine (American Journal of the Medical Sciences) describes in detail a series of cases of hemorrhage from placenta previa. Among others he cites an interesting case in which De Ribes' bag burst while in use. The fluid separated the placenta and brought about a fatal hemorrhage. The most successful treatment in these cases is delivery performed as promptly as possible.

* * *

Tuberculosis.—Great care should be taken to have convalescents from measles avoid the rooms or homes of those known to have tuberculosis, as we know that measles in some way predisposes to that disease.

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BALTIMORE, APRIL 30, 1898.

Coming Meetings.

At this season of the year meetings of medical and scientific bodies are frequent, and busy indeed is the man who attempts to do full justice to all of them. The next meetings which are of especial interest to this region are the Association of American Physicians in Washington next week and the Maryland Public Health Association in Baltimore the week after.

At the meeting of the Association of American Physicians twenty-nine papers are on the programme, all of which are on medical subjects. Drs. Flexner, Thayer and Osler of Baltimore will read papers and Surgeon-General Sternberg of Washington. The hours of the sessions are from 10 to 1 and 2.30 to adjournment, which will probably be half-past 4.

The Maryland Public Health Association presents a very interesting and varied programme, which should attract laymen as well as physicians. As far as it has been arranged it is as follows:

Wednesday, May 11, Morning Session, 10.30, Faculty Hall.—The Sweat Shop in Its Relation to Public Health: 1. Dr. Joseph E. Gichner. 2. Dr. Melvin S. Rosenthal. The Need of a Hospital for Infectious Diseases, by some member representing, the Health Protective Association of the United Women of Maryland. Discussion. Vaccination and Revaccination, by Dr. William J. Todd, Mt. Washington. Report upon an Inspection of the Public Schools in Olney District, Montgomery County, by Mr. Charles R. Hartshorne, Brighton. Discussion.

Afternoon Session, 3.30 P. M., Faculty Hall.—The Ventilation of Small School Houses, by Dr. August H. Stabler, Brighton. The Infectious Diseases and Inspection of Public Schools, by Dr. Charles W. Mitchell. Medical Inspection of Schools, by a member representing the Health Protective Association of the United Women of Maryland. Discussion. Disposal of Night-Soil in Small Towns, by Dr. W. Oliver McLane, Frostburg. Discussion.

Evening Session, 8.15 P. M., Levering Hall, Johns Hopkins University.—Address of Colonel George E. Waring, New York.

Thursday, May 12, Morning Session, 11 A. M.—Address by Miss Rebecca Stoneroad of Washington, Superintendent of Physical Training in the Public Schools. Report upon the Present Status of the Care of the Physique in the Schools and Institutions of Maryland, by Dr. Edward M. Schaeffer, representing the Physical Education Society of Baltimore. Brief Addresses by Dr. Lilian Welsh, Mr. C. F. E. Schulz and Dr. Mary Sherwood.

Afternoon Session at the Western Female High School.—Exhibit of Methods of Physical Training Adapted to Public Schools. Kindergarten Games.

Evening Session at 8.15, Levering Hall, Johns Hopkins University.—Public Baths, by Mr. W. H. Morriss, General Secretary of the Y. M. C. A., Baltimore. Illustrated Lecture on Public Baths, by Dr. Wm. Howe Tolman, New York.

Discussions on such subjects of importance to the health of the people cannot fail to attract a large number of hearers, and the Maryland Public Health Association will continue to be, as it has been from its beginning, a body of great influence, which will certainly be the incentive to improve the sanitary condition of the State. This work is the more effective in that not only physicians, who themselves alone are helpless, but the citizens, and by no means least of all the women, have taken an active part in the work, and all know that what woman undertakes she does with all her energy and usually does well and thoroughly. The programme is an attractive one, and the discussions will probably be lively and instructive.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 23, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	40
Phthisis Pulmonalis	..	16
Measles	86	2
Whooping Cough	15	1
Pseudo-Membranous Croup and Diphtheria	22	5
Mumps	1	..
Scarlet Fever	8	1
Varioloid	..	..
Varicella	3	.
Typhoid Fever	5	5

The American Medico-Psychological Association will meet at St. Louis May 10 to 12.

The Astoria Hospital on Long Island has been closed and the patients will be sent elsewhere.

Dr. Clotworthy Birnie of Taneytown has been reappointed as a member of the State Lunacy Board.

Dr. Moritz has succeeded Professor von Zenker as editor of the *Deutsches Archiv für Klinische Medicin.*

Dr. Richard McSherry has taken the office, 937 Madison avenue, formerly occupied by the late Dr. Michael and Dr. Charles W. Mitchell.

Dr. Erasmus Garrett, an expert in skin and infectious diseases connected with the Health Department of Chicago, died in that city recently.

Dr. Cornelius N. Hoagland of Brooklyn is dead. He left $24,000 to the Hoagland Laboratory, which he founded some time ago by a gift of $100,000.

The colored race in Baltimore believe that tight lacing, high-heeled boots and lack of soap and water cause the high mortality of that race in the large cities.

The *Texas Medical News* of Austin has absorbed the *Southwestern Medical and Surgical Reporter* of Fort Worth and the *Texas Medical Practitioner* of Dallas.

The British Medical Association will hold its next annual meeting this year at Edinburgh July 26, 27, 28 and 29. Dr. T. G. Roddick of Montreal will preside.

For the week of May 9 to 14 the Philadelphia Polyclinic has arranged a very attractive programme of clinics on internal medicine and clinical diagnosis.

Dr. E. E. Montgomery and Dr. E. P. Davis have been assigned respectively the chairs of obstetrics and gynecology in the Philadelphia Polyclinic to succeed the late Dr. Parvin.

Dr. Samuel T. Haffner of Frederick, Md., who was graduated at the College of Physicians and Surgeons of Baltimore in 1874, has been appointed physician to the jail of that city.

Dr. Edwin B. Cragin has been elected to the chair of obstetrics in the College of Physicians and Surgeons of New York to succeed the late Dr. James W. McKane, who has been made emeritus professor.

Health Commissioner Jones has proved himself most acceptable to the profession and to the public in showing himself to be a physician who understands sanitary matters and a man of unusual executive ability.

Thirty-two applicants received their diplomas at the commencement of the University of Maryland last week. In the University Hospital Dr. St. Clair Spruill, who has done so much for the hospital, and Dr. J. W. Holland have been reappointed. Dr. Spruill will have an office outside of the hospital this year.

It is a great satisfaction to the profession to know that Dr. William Royal Stokes, who has done such acceptable work as city bacteriologist, has been reappointed; also Dr. G. W. Lehmann has been reappointed city chemist, and Dr. N. G. Keirle is city medical examiner, with Dr. Albertus Cotton, formerly resident physician at the City Hospital, as assistant.

The Western Ophthalmological and Oto-Laryngological Association had a most successful meeting at Chicago at the beginning of this month. The following officers were elected for the ensuing year: President, Dr. J. Elliott Colburn of Chicago; first vice-president, Dr. W. Scheppegrell of New Orleans; second vice-president, Dr. Casey A. Wood of Chicago; third vice-president, Dr. H. Gifford of Omaha, Neb.; treasurer, Dr. W. L. Dayton of Lincoln, Neb.; secretary, Dr. F. M. Rumbold of St. Louis. New Orleans was unanimously selected for the next meeting, which will take place just before the Mardi Gras of 1899, thus allowing the members to conclude their scientific session with the gayeties of the carnival season.

Washington Notes.

Four more persons have been removed from Freedman's Hospital to the smallpox hospital. These make a total of seven cases originating in the one ward of the hospital. All the patients are doing well, having only a mild attack of the disease.

Persons living in the neighborhood of the morgue have complained greatly of the unendurable odor of the decomposing bodies. The morgue is, beyond doubt, a nuisance to health, and the city is much in need of a modernly-equipped institution for collecting and disposing of these bodies.

At a joint meeting of the Medical and Anthropological societies last week a large audience was present to hear the discussion upon the ear. Dr. Barker opened the proceedings with the anatomy of the ear. Dr. Reyburn followed with the causes of deafness, maintaining that 60 per cent. of those afflicted were born that way. Intermarriage was also given as a cause. The teaching of deaf mutes was discussed by Dr. Gallaudet. He outlined the methods of teaching and the great advancement made. The characteristic ear, with reference to its use in reading human nature, was the theme of Dr. Lamb. "The ear," he said, "is a guide in determining criminals. The expression, 'All the ear-marks of a criminal,' is a common one, although, strange to say, just what style of ear denotes a criminal has not yet been determined." He referred to the many malformations of the organ which are common among epileptics, idiots and degenerates.

Book Reviews.

Mammalian Anatomy: A Preparation for Human and Comparative Anatomy. By Horace Jayne, M.D., Ph.D., Director of the Wistar Institute of Anatomy and Biology; Professor of Zoölogy in the University of Pennsylvania, etc. Part I. The Skeleton of the Cat; Its Muscular Attachments, Growth and Variations compared with the Skeleton of Man. With over 500 original illustrations and many tables. Philadelphia: J. B. Lippincott Co. 1898.

This enormous book is the result of a course given at the University of Pennsylvania as preparatory to human anatomy. The cat is used as being very near to man in anatomical structure. The book was written for the convenience of students, and is the first of a series to present a more accurate and more comprehensive description of the structure of a typical mammalian than has been hitherto attempted. There are nine chapters, with 611 illustrations. The words are explained in the footnotes and the derivations are given. The index is excellent. The author deserves great commendation for this immense undertaking, and to the publishers should be given credit for carrying out the wishes of the author in such a perfect style.

Arsenauro and Mercauro. Clinical Records Reported in the Medical Journals. New York. Charles Roome Parmele Company. 1898.

This is a most artistic brochure, containing excerpts from journals on the value of the two remedies mentioned. Arsenauro and mercauro are remedies which are put up from formulae furnished by Dr. William F. Barclay of Pittsburg, and the manufacturers dispense them in the most ethical manner and only through the channel of the medical profession. The reports of success in the use of these remedies are abundantly made by physicians who stand high, and the value of these remedies is undoubted. The manufacturers have always deprecated the furnishing of these medicines direct to the patient, and so numerous are the applications for these remedies from the laity that they keep a form, which is mailed to such persons, refusing to sell remedies unless to the physician himself. The manufacturers claim that arsenauro and mercauro are definite chemical compounds.

Messrs. Lea Brothers & Co. announce for early publication the following books:

"A Manual of Otology." By Gorham Bacon, A.M., M.D., Professor of Otology in University Medical College, New York. With an Introductory Chapter by Clarence J. Blake, M.D., Professor of Otology in the Harvard Medical School, Boston, Mass. 12mo. Illustrated.

"The Treatment of Surgical Patients Before and After Operation." By Samuel M. Brickner, M.D., Visiting Surgeon at the Mt. Sinai Hospital, New York. In one volume of 400 pages, with illustrations.

"The Principles of Treatment." By J. Mitchell Bruce, M.D., F.R.C.P., Physician and Lecturer on Materia Medica and Therapeutics at Charing-Cross Hospital, London. In one octavo volume.

"Diseases of the Nose, Throat, Naso-Pha-

rynx and Trachea:" a Manual for Students and Practitioners. By Cornelius G. Coakley, M.D., Professor of Laryngology in University Medical College, New York. In one volume, 12mo. 400 pages, with plain and colored illustrations.

"Diseases of Women:" a Manual of Non-surgical Gynecology. By Francis H. Davenport, M.D., Instructor in Gynecology in the Medical Department of Harvard University, Boston. Third edition.

"A Treatise on Gynecology." By E. C. Dudley, A.M., M.D., Professor of Gynecology in the Chicago Medical College, Chicago. In one volume of 600 pages, with 425 plain and colored illustrations.

"A Text-Book of Anatomy." By American Authors. Edited by Frederic Henry Gerrish, M.D., Professor of Anatomy in the Medical School of Maine. In one volume, illustrated.

"Manual of Skin Diseases." With Special Reference to Diagnosis and Treatment. For the Use of Students and General Practitioners. By W. A. Hardaway, M.D., Professor of Skin Diseases in the Missouri Medical College. Second edition. In one volume, with illustrations.

"The Principles and Practice of Obstetrics." By American Authors. Edited by Charles Jewett, M.D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one volume, with illustrations in black and in colors.

REPRINTS, ETC., RECEIVED.

Headaches from Nasal Causes. By Sargent F. Snow, M. D. Reprint from the *Medical News.*

Results of Aseptic Celiotomy. By Wm. H. Wathen, A. M., M. D. Reprint from the *American Journal of Obstetrics.*

Creosote Valerianate (Eosot) and Guaiacol Valerianate (Geosot). By Frank Woodbury, M. D. Reprint from the *New York Medical Journal.*

Resection and Advancement of the Levator Palpebrae Muscle in Traumatic Ptosis. By Charles A. Oliver, A. M., M. D. Reprint from the *University Medical Magazine.*

A Rapid Method of Making Permanent Specimens from Frozen Sections by the Use of Formalin. By Thomas S. Cullen, M. B. Reprint from the *Johns Hopkins Hospital Bulletin.*

Current Editorial Comment.

REST IN NEPHRITIS.

Therapeutic Gazette.

The most important thing to do for any patient who is suffering from mild or severe acute inflammation of the kidney is to insist upon absolute rest, the patient remaining in bed not only for the rest, but also in order that the surface of the body may be protected from draughts and colds.

QUARANTINE.

Medical Record.

It is no time to try experiments when such an emergency as this exists. Even admitting that the Marine Hospital Service is not perfect, it is at least existent, and it should, in our opinion, be at once clothed with the necessary powers, if only for the present summer, to do whatever is necessary to protect our people from a pestilence more destructive and more pitiless than war.

PROFESSIONAL SUCCESS.

Charlotte Medical Journal.

Listen and we will try to candidly tell you why so many physicians are complaining, just as many people in other professions or vocations are complaining, not because they do not toil, but rather because they are so intensely devoted to their profession or vocation as a science that they have no time left to devote to the business side of their vocation or personal appearance or comforts, of themselves or families.

ACCIDENT INSURANCE.

Canadian Practitioner.

We think that every physician without independent means should carry an accident policy, and, at the same time, should be careful to deal with a reliable company and have due regard to special clauses relating to septicemia. In expressing these views with reference to accident insurance we have no desire to ignore the question of life insurance, which is of paramount importance. The receipt of $25 or $50 a week by a physician who is incapacitated for work through an accident is rather comforting to the family. All things considered, we would be inclined to give life insurance first place and, at the same time, give the accident insurance a good second.

Medical Meetings.

APRIL						
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MAY						
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JUNE						
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The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

May.

ASSOCIATION OF AMERICAN PHYSICIANS. Annual meeting at Washington, D. C., May 3, 4 and 5, 1898. F. C. SHATTUCK, M. D., President, 135 Marlborough St., Boston, Mass. HENRY HUN, M. D., Secretary, 149 Washington Ave., Albany, N. Y.

AMERICAN NEUROLOGICAL ASSOCIATION. Annual meeting at Washington, D. C., May 4, 5 and 6, 1898. M. ALLEN STARR, M. D., President, 22 W. 48th St., New York City. GRAEME M. HAMMOND, M. D., Secretary, 58 W. 45th St., New York City.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May 16, 17 and 18, 1898. THOS. R. FRENCH M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

State Societies.

April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. R. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(*Continued on page* xvi.)

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Original Articles.

THE TRANSPLANTATION OF THE RECTUS MUSCLE IN CERTAIN CASES OF INGUINAL HERNIA IN WHICH THE CONJOINED TENDON IS OBLITERATED.

[A PRELIMINARY REPORT.]

By Joseph C. Bloodgood, M.D.,

Associate in Surgery, Johns Hopkins University.

READ AT THE ONE HUNDREDTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29 INCLUSIVE, 1898.

The term "obliterated" is used because the extreme condition is more likely to be an acquired one rather than congenital. Undoubtedly the conjoined tendon may be congenitally very narrow or very attenuated. However, the important point to be recognized at the operation is that the conjoined tendon is either obliterated, very narrow or very attenuated, and that the lower angle of the inguinal canal (Hesselbach's triangle) has lost its strongest support (the conjoined tendon), and that something must be substituted for this defect at the operation for hernia (the transplanted rectus muscle).

A DESCRIPTION OF WHAT IS MEANT BY THE OBLITERATION OF THE CONJOINED TENDON IN CASES OF INGUINAL HERNIA.

On making a careful study of inguinal hernias the writer has been impressed with the fact that they may be divided into two groups; the larger group (*A*) includes those cases in which the conjoined tendon is wide and firm, and the second, a much smaller group (*B*), includes those cases in which the conjoined tendon is practically completely obliterated.

Group A. In those cases of inguinal hernia in which the tendon is present it is easily discoverable before and demonstrable during the operation. If one inserts the index finger into the external ring, by invaginating the scrotum, the finger meets, after passing the pillars of the ring, a firm wall of tissue, the conjoined tendon, and it is to the outer side of the outer border of this tendon that the finger feels the impulse of the inguinal hernia. At the operation, if one examines the posterior wall of the inguinal canal, this tendon, if present, will be found to extend from the outer border of the rectus muscle to within about 1 cm. of the deep epigastric vessels. In some cases it may be wider, in other cases narrower. This tendon is clearly shown in Quain's Anatomy, tenth edition, "Appendix, Fig. 23, p. 52." In Quain's Anatomy it is described as follows (p. 55): "At the part of the abdominal wall through which the direct inguinal hernia finds its way there is recognized on its posterior aspect a triangular interval, the sides of which are formed by the epigastric artery and the margin of the rectus muscle, and the base by Poupart's ligament. It is commonly called the triangle of Hesselbach. The triangle measures about two inches (5 cm.) from above down, and an inch and one-half (3.5 cm.) transversely at its base. In this area the abdominal wall consists of, besides the integuments: 1. The aponeurosis of the external oblique mus-

cle, which is perforated toward the lower and inner corner of the space by the external abdominal ring; 2. The inner portion of the cremaster muscle covering the spermatic cord at the lower and outer part of the space, and above this the lower fibers of the internal oblique and transversalis muscles passing to their insertion by the conjoined tendon, which, as a rule, extends over the inner two-thirds of the lower part of the triangle; 3. Transversalis fascia; 4. Sub-peritoneal tissue, and 5. Peritoneum.

"The conjoined tendon varies greatly in its development. In many cases it is very slight and scarcely to be distinguished, while in others its deeper portion, derived from the transversalis muscle, covers the whole breadth of the triangle, reaching outwards along the deep femoral arch as far as the internal abdominal ring."

The observations by the writer on the variations in the width of the conjoined tendon and its complete obliteration in some cases were made without the knowledge of the statement just quoted in Quain's Anatomy, and he was very glad to find a confirmation of his observations. The writer is not familiar with any other surgeon or anatomist who has dwelt upon the importance of the obliteration of the conjoined tendon as the chief cause of recurrence in these cases of hernia.

In cases of hernia in which the conjoined tendon is wide and firm the rupture takes place between the outer border of the tendon and internal oblique muscle. It may be either of the direct or indirect variety. It then extends down along the inguinal canal and protrudes from the external ring. In these cases the problem is a simple one; it is only necessary to suture the tissues down to or just beyond the outer border of the tendon. There is no tendency to recur in the lower angle of the wound just above the pubes and to the outer side of the outer border of the rectus, because at this position the protrusion of the peritoneum is prevented by the conjoined tendon. If one does not transplant the cord a hernia may take place along the cord, protruding between the outer border of the conjoined tendon and sutured tissues. If one transplants the cord (as in Halsted's or Bassini's operation) the probability of a recurrence at this position (the lower angle), at least as far as our cases are concerned, is practically *nil*.

The probability of a recurrence if the cord is transplanted (as in the Halsted or Bassini operation) is very much less than in the older operations in which the cord was not transplanted. Theoretically (in my opinion) the position of the cord in Halsted's operation is better than the position of the cord in Bassini's operation, as the cord is made to protrude through the thickest part of the abdominal wall (aponeurosis of the external oblique and divided internal oblique muscle); practically the results after Halsted's operation in which the wounds have healed per primam are better than in any list of cases yet published, although only very slightly better than after Bassini's operation (143 cases—three very small recurrences at the position of the cord).

Group B. In cases in which the conjoined tendon is obliterated, if one inserts the index finger (invaginating the scrotum), after passing through the external ring, the finger does not meet any obstruction, but can be introduced without difficulty into the abdominal cavity for some distance; in this position, to the medial side the finger feels the sheath of the rectus muscle; by curving the finger downwards and backwards the posterior surface of the symphysis pubis can be easily palpated. The opening into the abdominal cavity extends from the outer border of the rectus and from the arch of the pubes, upwards and outwards to the internal oblique muscle. Before operation the number of fingers which can be introduced is limited by the size of the external abdominal ring. In some cases it is but one finger, in others two or more fingers. At the operation, however, after the division of the aponeurosis of the external oblique from the position of the external ring upwards, one can usually introduce the entire hand into the abdominal cavity; in these cases the conjoined tendon is either thin and relaxed or completely obliterated, and the poste-

rior wall of the inguinal canal from the outer border of the rectus upwards and outwards to the internal oblique muscle, and downwards and outwards to Poupart's and Gimbernat's ligament, is formed only by the thin and easily stretched transversalis fascia and areolar tissue.

The following figures, taken from the Second Report on Hernia which the writer is about to publish, demonstrate the importance of the obliteration of the conjoined tendon as a factor (perhaps the chief factor) in the recurrence of the hernia. As stated before, the larger group includes those cases of hernia in which the conjoined tendon is wide and firm. In this group (*A*) there have been 211 cases, with seven recurrences. In six cases (about 3 per cent.) the recurrence has taken place at the position of the transplanted cord, to the outer border of the conjoined tendon; all of these recurrences occurred within one year, and each one is a very small affair. In one case ($\frac{1}{2}$ per cent.) the recurrence took place five years after operation, in the lower angle of the wound. After a severe illness, associated with a constant cough in this case the conjoined tendon gave way.

In the smaller group (*B*) in which the conjoined tendon was obliterated there are ten cases, with five recurrences (50 per cent.); each recurrence took place in the lower angle of the wound within a few months or a year, and the recurrent hernia is larger in each case than those in group *A*. In two cases the rupture descended into the scrotum.

Suppuration in both groups, *A* and *B*, has also been associated with the recurrence of the hernia.

In the larger group (*A*) the following figures show the relation of suppuration to recurrence, but also support the conclusion in regard to the conjoined tendon:

WOUNDS WHICH HEALED PER PRIMAM.

(1) Halsted's typical operation, 143 cases, three recurrences. Each recurrent hernia small and situated at the position of the transplanted cord.

(2) Cases in which the cord has been excised, forty-three cases, one recurrence. In this case the recurrence has taken place through a split in the aponeurosis of the external oblique, to the outer side of the conjoined tendon.

WOUNDS WHICH SUPPURATED.

(1) Halsted's typical operation, twenty cases, three recurrences. In two cases the recurrent hernia is situated at the position of the transplanted cord, in one at the lower angle of the wound, described before.

(2) Cases in which the cord has been excised, five cases, no recurrences.

In the ten cases included in the smaller group (*B*) there have been three recurrences among seven cases in which the wound healed per primam, and two recurrences in the three cases in which the wound suppurated; in these two cases the recurrent hernia descends into the scrotum, and they represent the only complete recurrences in the entire series of 221 cases.

Impressed by the large proportion of recurrences in the few cases (three recurrences in seven cases) in which the conjoined tendon has been obliterated, and with a hope of solving the additional problem presented by the obliteration of this tendon, the writer has devised, and in eight cases performed, a plastic operation on the rectus muscle, bringing this muscle down and suturing it with the other available tissues to Poupart's ligament and to the aponeurosis of the external oblique from the arch of the pubes up to the position of the transplanted cord. The procedure is a very simple one, and the inclusion of the transplanted rectus in this portion of the wound must add strength. In the past we have learned the proper introduction and utilization of muscular tissue in laparotomy wounds. Every surgeon is familiar with the numerous herniae after laparotomies in which the incision has been made in the linea alba, in which cases only the fascia was sutured. In four of our own operations for umbilical hernia, in which only fascia has been sutured, there have been three recurrences; in those cases in which the rectus muscle has been exposed and sutured there have been no recurrences.

After a careful observation of all the laparotomies performed by us in this hospital for a period of over eight years there has been but one hernia in a laparotomy wound, which has healed per primam throughout, and in which muscle as well as fascia has been approximated. So impressed have we been with the importance of including muscle in the suture after laparotomy wounds that it is our rule in medium laparotomy to cut through the inner border of the rectus muscle rather than through the linea alba, and through the outer border of the rectus rather than through the semilunaris; and Dr. Halsted, in his original conception of his operation for inguinal hernia, divided the internal oblique muscle with this object in view. He states in his original communication, "I make and close the wound in operations for hernia on the same principle as in any other laparotomy wound." The writer therefore claims no originality whatever in the use of the muscle to strengthen the hernial wound, but simply the original idea of transplanting the rectus to strengthen the wound in certain cases of hernia.

The procedure is a very simple one; the method of operation, with this exception, is the same as that followed in the typical Halsted operation. Before inserting the deep sutures the sheath of the rectus mucle is exposed; this is easily done by retracting upwards and inwards the aponeurosis of the external oblique and internal oblique muscles. The sheath of the rectus is divided in the direction of the muscle bundles from its insertion in the symphyses pubes upwards for a distance of five cm. After the division of the sheath the outer border of the belly of the muscle bulges out; it is caught with two or three sutures of heavy black silk, which are used as retractors to draw the muscle outwards and downwards. The deep sutures of silver wire are then inserted in exactly the same manner as described in Halsted's operation, with the addition that the four sutures below the transplanted cord include the sheath of the rectus and the muscle; when these sutures are tied the rectus muscle is approximated to Poupart's ligament and aponeurosis of the external oblique, from a position just below the transplanted cord down to symphyses pubes, in addition to the divided and transplanted internal oblique muscle.

The writer has had this idea in mind for over a year, but not until April, 1897, did a case present itself in which the conjoined tendon was obliterated and in which he considered it necessary to transplant the rectus.

AORTIC STENOSIS, CLINICALLY AND PATHOLOGICALLY ILLUSTRATED.

By Henry B. Jacobs, M.D.,

Instructor in Medicine, Johns Hopkins University.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MARCH 18, 1898.

TRUE aortic stenosis is a condition so rarely met with in general practice that I thought it might interest the society tonight to see an illustration of it from a clinical and pathological standpoint. This patient and the specimen I will show you later, exhibit in a typical way the striking features of the disease, considered from these two points of view, making, as it were, a composite photograph in which the symptoms and signs of the one are fully explained by the pathological conditions of the other.

Of all the lesions of the left side of the heart this is unquestionably the least frequently seen, and the recognition of it embraces a consideration of a number of features no one of which alone is wholly pathognomonic, but when taken together present a tolerably definite picture of the disease, and is most characteristic when the patient's history, his symptoms and his physical signs all look in the same direction, though it is naturally upon the physical signs that the diagnosis finally rests.

The numerous errors so frequently made leading to the publications of clinical statistics relative to aortic stenosis wholly at variance with pathological facts has resulted largely from the consideration of a systolic murmur in the second right interspace, the so-called aortic area,

as a criterion of the disease. This is by no means so, many other factors giving rise to the condition apart from that of pure narrowing of the aortic ring. I need but mention such conditions as sclerotic patches upon the intima and fusiform dilatation of the root of the aorta, aneurism and the more common one of roughenings upon the edges and inferior surfaces of the aortic cusps in aortic insufficiency. Any one of these conditions may give a rough systolic murmur simulating in every particular that of true aortic stenosis without there being found at autopsy any absolute narrowing of the orifice. The same thing may be said of systolic thrill in the aortic area; while suggestive, it is not pathognomonic and must be considered in connection with other features of the case.

The patient before you shows a fairly typical picture of the disease, and so a brief examination of his history, his symptoms and his signs will present it to you more vividly than a mere recital of diagnostic points could do. He is forty years old. As a child he had whooping cough and scarlet fever, but not rheumatism. At twenty he was decidedly short of breath on exertion, a condition which has persisted since, increasing in intensity, being accompanied with attacks of pronounced palpitation and in the last few years occasional periods of swelling of the feet, disturbance of digestion and fleeting pains in the cardiac area. His work is light and he is well able to do it except for these occasional interruptions.

An examination shows no visible pulsation of the peripheral vessels and no marked pulsation of the vessels of the neck, a forcible apex beat in the sixth interspace about one cm. outside of the nipple line, an intense rough systolic thrill in the second right interspace; relative cardiac dullness a finger's breadth to the right of the right sternal margin and from the second left interspace downward and outward to the apex. Over the aortic area the first sound is obscured by a very loud, rough vibratory, rasping systolic murmur corresponding in time to the thrill and propagated upward to the vessels of the neck, outward to the right mammary line and downward to the apex, becoming less intense as one moves away from the aortic area. The second sound is everywhere heard and is considerably accentuated in the pulmonary area. The pulse is 74, of very low tension and empty, with slow, prolonged rise, a rounded summit and slow fall. The sphygmographic tracing which I pass around shows these features well.

These, then, are the points upon which I would build a diagnosis:

1. A history of a disease in youth, which may have been responsible for an endocarditis.

2. Symptoms for twenty years of cardiac defect.

3. Physical signs pointing to a hypertrophied left ventricle, beating slowly and forcibly, but filling sparingly the peripheral vessels, the presence of the thrill and systolic murmur of maximum intensity in the aortic area indicating the aortic orifice as the seat of an obstruction, while the enlargement of the heart to the right and the accentuated pulmonic second sound point to a compensatory accumulation of blood within the right side of the heart and the lesser circulation.

I should be glad to have you examine the patient, noting particularly the unusual force of the heart's beat, without its being excessively enlarged, the smallness or emptiness of the pulse, with its sustained or labored quality and the tremendous systolic thrill and murmur over the aortic ring. It is such a combination as this that I would insist upon for an absolute diagnosis of aortic stenosis from physical signs.

Now through Dr. Osler's kindness I am able to show you this heart, which may well be assumed to be that which you have just examined. It comes from a negro, aged fifty-one, dying several days ago in the Johns Hopkins Hospital, in whom the only additional feature in his history is that in youth he may have had syhpilis to account for endocardial changes, as well as rheumatism or one of the exanthemata. You see a somewhat enlarged heart, one reaching a centimeter or two outside of the mammillary line, not the greatly enlarged heart of aortic insufficiency, an apex made up wholly of left ventricle and well rounded,

pericardium smooth, walls of the left ventricle considerably thickened and very firm, cavity slightly dilated, left auricle not remarkable, walls of the right ventricle extremely thin, with its cavity greatly enlarged; so also the right auricle and venae cavae extensively dilated. Farther, on looking at the various orifices of the heart we see that the mitral, tricuspid, and pulmonary are practically normal, but we are at once struck by the remarkable condition of the aortic valves.

Instead of being thin, soft, flexible and delicate structures, as in the normal heart, they are seen to be hard, firm and rigid, thickened and opaque and incapable of lying back against the aortic walls to freely allow the blood to escape through the orifice; rather they maintain their position at full expansion, and while thus preventing any reflux, act as an efficient obstruction to the onward flow and limit the orifice to a narrow triangular slit. The thickening, hardening and rigidity of the valves are due to a chronic degenerative change in the valve segments, resulting in the deposits of lime salts and doubtless dependent originally upon an endocarditis limited to the region. The lime is deposited in rays from the vessel wall toward the free edges of the valves, thus effectually preventing the segments from folding up out of the blood current.

The obstruction here is so great, the orifice so small, that it seems scarcely possible that sufficient blood could have flowed through to keep up the nourishment of the body, but doubtless under the extreme pressure of the hypertrophied ventricle much more blood was forced through than would seem possible from its appearance now. Here, then, we see clearly the factors which are responsible for the conditions found in our first patient—the forcible, laboring, heart beat, the intense thrill and murmur and the soft, empty pulse, with its prolonged rise and fall.

This is the type of the stenosis in most cases of aortic obstruction, though there are now and then an acute case met with where the obstruction is dependent upon an acute vegetative endocarditis, the vegetations growing from the free edges of the valves, so filling up the orifice that a true stenosis results.

A word in regard to a single auscultatory feature present in the case of the man who furnished this heart and not observed in the other case, namely, the presence of a systolic murmur at the apex region of an entirely different quality from that heard over the aortic area and described by one listener as "wiry," by another as "whistling." The significance of this murmur is somewhat doubtful, but we were extremely interested in observing it, inasmuch as it corresponds closely to the murmur which Dr. Dickinson of London has recently described in an article "On the Occurrence of Musical Mitral Murmurs in Connection with Aortic Stenosis" ("Medico-Chirurgical Transactions," Volume LXXX).

In the study of his several cases, in all of which an autopsy showed aortic obstruction, Dr. Dickinson concludes that "the conditions essential to the musical and intense murmur which the cases exemplify would seem to be mitral regurgitation in small volume at high pressure, the pressure being provided by hypertrophy of the ventricle and aortic obstruction. * * * There may be musical murmurs of many kinds, as there are many kinds of musical instruments. I speak only of one, and that one something of a paradox, a mitral murmur which owes its existence or its character to aortic disease."

The explanation seems to me entirely rational and the observation of considerable value in confirming an opinion of aortic stenosis when there was some question whether one or another of the conditions mentioned early in this paper might not be responsible for the physical signs present.

Vaginal Examinations in Labor. The too frequent vaginal examinations in labor are, according to Professor Leopold (American Medico-Surgical Bulletin), entirely superfluous and injurious, one examination being, in his opinion, entirely sufficient in normal cases. The course of labor ought to be ascertained by abdominal palpation.

A NEW OPERATIVE TREATMENT FOR HEMORRHOIDS, WITH REPORT OF A CASE.

By George K. Sims, M.D.,

Chief of Clinic, Surgical Department, University College of Medicine, Richmond, Virginia.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, APRIL 26, 1898.

HAVING made a careful study of the various operations that have been adopted for the radical cure of hemorrhoids, I find them all subject to various objections, viz., they leave a stump that must slough off, or an open wound that must heal by granulation. This, in a location like the rectum, which cannot possibly be kept aseptic for that length of time, must naturally be a slow process, and, in addition to this, there is the possibility of serious systemic poisoning should these open wounds become infected with pathogenic microbes. Again, wounds that heal under suppuration leave a great amount of cicatrical tissue to contract and distort the organs.

The operation which I propose, if properly done, will to a great extent overcome these objections. It takes more time and care and is more difficult to perform, but the advantages gained by the patient more than compensate for this additional work. Of course, it may not be applicable to every case, but with suitable modifications it may be made applicable to the majority of cases of both internal and external piles, as well to polypi and other benign neoplasms of the rectum and anus.

Operation.—the patient should have a gentle mercurial purgative on the two evenings previous to the day of operation and a saline each morning before breakfast. This will clean out the bowels and open up the portal circulation, so that we can give the rectum a long rest afterwards. The circum-anal region should be shaved and scrubbed clean and the rectum washed out with a large enema of warm soapsuds or carbolized water. A warm bath is given and clean linen put on. The anesthetic is now administered, after which he is placed in either the lithotomy or the Sims' position. Then introduce a speculum (Cook's and Mathews' are the best) and divulse the sphincters as widely as the instrument will distend them. Then with the thumbs still further stretch until completely paralyzed. The piles will now present themselves, but not in their entirety; they should be everted as much as possible and the rectum and circum-anal region well irrigated with a 1 to 2000 mercuric chloride solution. The tumors, one by one, are now caught with four-pronged forceps, pulled out and held by the assistant; then, with a sharp scalpel, the mucous membrane is cut through, around the base of the pile and a silk ligature tied tightly (in the groove made by the incision), including only the blood-vessels and connective tissue. The pile is then cut off close to the ligature, leaving only enough to hold it, and the cut edges of the mucosa are brought together over the stump with continued sutures of catgut. If the tumor is large, with a curved needle pass a double suture through its base and ligate it in two portions, then the mucous membrane is sutured as above.

If there are external piles present, also, the same method may be used to remove them, if large and vascular, or if due to a thrombus; but if they are small or are much indurated they may be simply cut off close to the skin, any bleeding points caught with forceps and ligated, the cut edges brought into close apposition, with interrupted sutures of silk. The field of operation is again irrigated with a hot bichloride of mercury solution, the parts dusted with iodoform or aristol, the mucosa pushed in well and a small piece of iodoform gauze inserted, leaving the end protruding from the anus. A pad of gauze is placed over the anus, and over this a pad of absorbent cotton is bound firmly with a "T" bandage. A hypodermic injection of morphia, one-quarter grain, with atropia, 1-150 grain, is given and patient put to bed.

The bowels should not be moved for three or four days, by which time the wounds should be nearly healed; they should then be moved by salines and enemata. The advantages claimed for

the operation are that by leaving only closed wounds, made under antiseptic precautions, we lessen the risk of suppuration and perhaps more serious infection; that they heal in a much shorter time and with less pain and suffering; there is less danger of hemorrhage and of distortion, and perhaps neuralgia, of the rectum, from contraction of the cicatrical tissue.

In regard to external piles I wish to emphasize the advice given by Dr. Mathews in his admirable work on the rectum: "Remove all of the tumor, cutting it off close to the skin," instead of merely snipping off a small portion of it, as is advised by most authors. If small ones are left they are apt to become inflamed, and they, as well as the stumps left, tend to get much larger, often necessitating another operation to remove them.

The following case, which was a very severe and complicated one, will illustrate the success of the operation, although it was done under very unfavorable circumstances and surroundings:

W. C., aged thirty, had been suffering very much for some months with pains in the region of the anus and surrounding parts, especially during and after stools. They had got so severe that he had to take his bed, and could get no relief from the many remedies and treatment that he had received. Upon examination I found a large and inflamed anal fissure, and about two-thirds of the circumference of the anus was encircled by very large, indurated and ulcerated hemorrhoids. Owing to these conditions I did not examine the interior of the rectum, but advised an operation as the only means of getting relieved. To this he consented, but, being opposed to the hospital, as many are, I decided to operate at his house. After being prepared as above, chloroform was administered by Dr. Charles M. Edwards, he being my only assistant, except a man to hold his limbs out of the way.. He was placed in the Sims' position, the sphincters thoroughly paralyzed by stretching the mucous membrane everted, and the parts washed clean with a warm antiseptic solution. This revealed the presence of two medium-sized internal piles, which were caught with forceps and pulled out. The mucosa was cut through around the base of the pedicle and a silk ligature tied tightly in the groove made by this incision. The tumor was then cut off close to the ligature and the cut edges of the mucous membrane were brought into close apposition with a continuous suture of catgut, covering over the stump. The external piles being of the fibrous, indurated variety, were simply trimmed off close to the skin without being clamped; several small arteries were ligated and the cut edges brought together with interrupted sutures of silk. The parts were then sponged off with a hot mercuric chloride solution and a piece of iodoform gauze inserted into the anus with the end protruding. Another piece of gauze was then placed over the anus, covered by a pad of absorbent gauze, and the patient put to bed. A hypodermic of morphine and atropine was then given to relieve the pain. This was not repeated. The bowels were moved on the fourth day by salines and enemata. He was out of bed in less than a week, and on the tenth day came to my office and I removed the stitches. All the wounds were healed nicely and he was feeling very well. He returned to his work several days later, being completely cured, and has had no return of the trouble since.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD MARCH 18, 1898.

THE meeting was called to order by the president, Dr. William B. Greene.

Dr. Henry B. Jacobs read a paper entitled "Aortic Stenosis, with Exhibition of Patient" (see page 528).

Dr. Osler: The subject of aortic stenosis is always of interest on account of the frequency of the diagnosis and the rarity of the condition. It is always a cardinal test rule that you can tell how far a man has progressed in his cardiac education by the way he regards a murmur in the aortic area. If he is only a juvenile—

and, by the way, he may have gray hairs and be that—he regards all such murmurs as due to aortic stenosis. I know of one interesting set of statistics in which a young man, of about our age, Dr. Tiffany, put down all the cases in which he heard a systolic murmur in the aortic area as aortic stenosis. Of course, his cases of aortic stenosis outnumbered his cases of aortic insufficiency.

The prognosis is a very interesting point, for in any case of aortic disease it depends less on the lesion and the degree of hypertrophy than upon the first end of the aorta. So long as the patient has a good, clean aortic root he lasts a good long time. That is why aortic stenosis has a better outlook than aortic insufficiency, because it does not involve the aortic root and is not associated with andarteritis. In aortic insufficiency there is endarteritis of the first part of the aorta and more or less involvement of the coronaries.

Dr. Harry Friedenwald then exhibited an "Eye Case Simulating Glaucoma." This patient was first seen four years ago, when the left eye was in a condition of absolute glaucoma. There were hemorrhages in the retina and a deep excavation. About six months after that I saw her again, and at both these examinations the right eye was normal. There was a medium physiological excavation only, and sight was good except for a small macula of the cornea. That was in August, 1894. In May, 1895, she began to complain of the sight of that eye, and there was a small encroachment upon the field of vision, as will be seen by a study of these charts. In June, 1895, I operated for the beginning simple glaucoma of the right eye, and the operation was successful to the extent of making a very fair and normal iridectomy. On the following day the anterior chamber was absent, but the vision was good. The second day after operation pain set in, and on the third it was very great. It became worse day by day, the tension rising to + 3, the eyeball becoming hard as a stone, and things went from bad to worse until July 6. Nothing would modify the pupil, neither eserin nor atrophia. There was typical malignant glaucoma.

On the 6th of June the patient was given large doses of sodium salicylate to relieve the pain, and in the course of that day she was greatly nauseated, but on the following morning she said her sight was better. On the same day we noticed that the tension was lower and that the anterior chamber was completely re-established, and her sight became as good as before the operation and the field of vision has, if anything, become a little larger. The depression of the disc is quite large and has not been altered.

The two remarkable features of the case are that:

1. The malignant attack, which is usually considered hopeless, disappeared completely after the salicylate was given, and,

2. After three years the sight has remained permanently good.

H. O. Reik, M. D., Secretary.

Medical Progress.

RECENT PROGRESS IN GYNECOLOGY AND OBSTETRICS.

By George W. Dobbin, M.D.,

Assistant in Obstetrics, Johns Hopkins University.

TYMPANIA UTERI.

Lindenthal (Beiträge zur Aetiologie der Tympania Uteri; Monatschrift für Geburtshülfe und Gynäkologie, Band VII, Heft 3), after a brief review of the literature on the condition known as physometra, says that it is no longer considered to be due to the entrance of atmospheric air into the uterine cavity, but gas in this situation is usually produced by the action of some organism of putrefaction, and in the light of recent investigations is caused by infection of the amniotic fluid with either the bacillus coli communis or the bacillus aërogenes capsulatus.

At the suggestion of Professor Schauta, Lindenthal made bacteriological examinations of five cases which gave symptoms of tympania uteri, and the present paper is the result of his investigations. All of these were cases of difficult labor, in which instrumental or manual delivery had been unsuccessfully

attempted outside of the hospital, and in all but one could a tympanitic note be obtained on percussion over the uterus. He made bacteriological examinations both by cultures, cover slips, and animal experiments, from the amniotic fluid, fluid from the ears and mouth, and the meconinim of the child, and in all five cases was able to isolate an anaërobic bacillus which he considers to belong to the group of "edema bacilli." Associated with this organism he found others, as follows: in one case bacillus coli communis, staphylococcus albus and sarcina lutea; in one case bacillus coli communis; in one case streptococcus pyogenes and bacillus coli communis, and in two cases the streptococcus pyogenes, staphylococcus albus, but no colon. The anaërobic bacillus being constantly found in the five cases examined, Lindenthal considers that he is justified in considering it in causative relation with the affection.

He describes the organism as a large, thick bacillus, which in fresh cultures will stain by Gram's method, but as the organisms become older they fail to take this stain; it has no capsule, no flagella and does not form spores. Its growth is strictly anaërobic at room, or better at thermostat temperature, grows well in ordinary media, but if the media contain sugar the growth is more marked and is characterized by marked production of gas, and the medium, being rendered strongly acid, gives off an odor similar to that of rancid butter. It does not liquefy gelatine. Considerable difficulty is at times experienced in obtaining the organism from plate cultures, for the colonies, besides being very small, closely resemble the colonies of other bacteria (in particular bacillus coli communis), and it is only with great difficulty that they can be picked out. For this reason Lindenthal has adopted the following method: A copious inoculation is made into a tube containing a large quantity of sugar agar; this is then subjected to a temperature of 75° C. for ten minutes, when the less resistant organisms will be killed off; so that if now the tube be plated the anaërobic bacillus will grow out in a comparatively pure culture.

The pathogenicity of the organism was tried on animals and found to produce in guinea pigs very characteristic symptoms, the seat of inoculation became indurated and the hair in this situation stood on end and could easily be pulled out; the animal in general presents the appearance of being very sick. In about six or eight hours there develops a tumor under the skin which contains a hemorrhagic fluid and offensive gas; this swelling increases so that the skin on the abdomen will be separated from the underlying muscle tissue. The animal dies in about twenty hours. The organism is not pathogenic for rabbits, and from these characteristics the author identifies the bacillus as being the same organism previously described by him in connection with emphysema vaginae, and although belonging to the same group, is not identical with the bacillus aërogenes capsulatus of Welch and Nuttall.

This organism, as said above, was found in connection with others, viz., staphylococci, streptococci, colon bacillus and sarcina; this last the author considers an air contamination and does not carry further. The question of the production of physometra then resolves itself into a consideration of the mode of action inside the animal body of two organisms, the bacillus coli communis and Lindenthal's anaërobic bacillus. Lindenthal next made comparative animal experiments with the two organisms, injecting suspensions of each into the uterine cavity of guinea pigs; these injections were made after opening the peritoneal cavity and passing a hypodermic needle directly into the amniotic sac. He obtained positive evidence of physometra in the cases of his anaërobic bacillus and negative when the colon organism was used.

If the amniotic fluid contain large quantities of sugar it is possible for the bacillus coli communis to develop and produce a certain amount of gas; this point was proven by injecting suspensions of this organism into the uterus of animals, who, for a time, had been given large doses of phloridzin (which, as is known, causes marked deposition of sugar in various secretions, viz., urine, liquor amnii, etc.), both by the mouth and intraperitoneal injection. At the au-

topsy of animals so treated Lindenthal was able to demonstrate conclusively the presence of gas formation, and cultures made from various organs grew out bacillus coli communis. Coexisting infection with the colon bacillus he considers the most common form of mixed infection in physometra.

As regards the nature of the infection, the author agrees with Welch and Nuttall in considering it a sapremia rather than a septicemia. It is true, indeed, that in women dead after physometra, we often find the blood-vessels loaded with anaërobic bacilli, but these have in all probability gained entrance to the circulation either during the death agony or post-mortem, for the living blood, being a very unfavorable medium for the growth of this organism, would at once cause the death of whatever bacilli gaining entrance to the circulation during life.

At the end of his paper he summarizes his work in the following conclusions:

In five cases of tympania uteri there was found an anaërobic bacillus which is probably analogous to the organism described by the author as occurring in emphysema vaginae (colpohyperplasia cystica.—v. Winckel).

This organism is closely related to one found by Krönig in the amniotic fluid of a laboring woman with fever, and by Dobbin in a fatal case of puerperal infection (bacillus aërogenes capsulatus).

By injecting a pure culture of this organism into the uterus of pregnant guinea pigs, physometra was produced, giving a clinical picture similar to that condition in the human being.

This organism, if conclusions can be drawn from five cases, stands in definite causative relation with the conditions known as tympania uteri.

The other organisms found in these cases, viz., the streptococcus and the staphylococcus, do not enter the question as etiological factors; nor, according to the observations of the author, does the bacillus coli communis produce gas unless the amniotic fluid contains a pathological amount of sugar.

The theories put forth as regards the colon bacillus cannot, then, hold good, and we must consider cases of tympania uteri as analogous, in a certain sense of the word, to malignant edema.

A NEW, RAPID METHOD FOR PREPARING SPECIMENS FOR MICROSCOPICAL EXAMINATION.

Pick (Centralblatt für Gynäkologie, 1898, No. 9, p. 227) publishes a method for the preparation of permanent preparations for microscopical examination, in which sections of fresh tissue can be made ready for microscopical diagnosis in from six to eight minutes. The method is a modification of one published by him about a year ago in this same journal, which followed the suggestion of Cullen of Baltimore concerning the use of formalin in the rapid preparation of frozen sections. The old method is as follows: Sections are cut from the fresh tissue by means of the Jung microtome; these are then placed for two or three minutes in a 4 per cent. formalin solution, washed for a half-minute in water, and stained for three to four minutes in a 4 per cent. solution of alum carmine, after again washing for a half-minute in water, alcohol 80 per cent., into absolute alcohol for three-fourths of a minute, into carbol-xylol for a half-minute and then mounted in Canada balsam. In this way a piece of tissue can be made ready for microscopical examination twelve minutes after its removal from the body.

In view of the fact that any simplification of this method will be of great service to the patient, Pick advises that it be shortened by combining the hardening and staining into a single step, which he does by making a hardening-staining reagent which he calls "formalinized alum-carmine." This solution is made by adding 10 per cent. of the commercial formalin to the well-known Greenacher alum-carmine, which contains carmine in the strength of 4 per cent.

The new method is then as follows: (1) Sections of fresh tissue, cut by means of the Jung microtome. (2) Sections put into a 4 per cent. formalin solution for one-fourth minute. (3) Formalinized alum-carmine

two to three minutes. (4) Wash in water a half-minute. (5) Alcohol, 80 per cent., a half-minute. (6) Absolute alcohol ten seconds. (7) Carbol-xylol a half-minute. (8) Canada balsam. It is thus seen that permanent mounts can be made in from six to eight minutes after the tissue is removed.

The chief difference between this method and the old one is that the two steps of hardening and staining are condensed into one. The sections, however, must not be put directly into the formalinized alum-carmine, but previously put for one-quarter of a minute into a 4 per cent. solution of formalin.

The author considers that by this a new principal (*i. e.*, that of a hardening-staining solution) is introduced into microscopical technique. He has used the method with larger pieces of tissue, which are stained and hardened in bulk and then cut, also of various organs of the body (liver, kidney and spleen), with excellent result.

ACCOUCHEMENT FORCÉ.

Marx (Medical Record, April 2, 1898) reports in tabular form fifty cases seen by him in consultation and in his own practice, which were delivered by the operation known as "accouchement forcé." He speaks very highly of the operation, and confesses that its merits in the last few years have entirely converted him, for at that time there was no one who was more radically opposed to delivery by such a procedure.

Some of the advantages of this operation over other methods of induction of premature labor Dr. Marx lays down as follows: (1) The operation is entirely elective; thus we can choose our own time and place, and the case comes in no sense in the light of an emergency. (2) The hand is the only instrument used, and in this way a competent operator will always know exactly what he is doing. (3) There is not the danger of premature rupture of the membranes as there is when steel dilators and bougies are used; and (4) Instead of the case dragging on for from twenty-four to thirty-six hours the delivery is entirely completed in one sitting and thereby much valuable time is gained, particularly in cases of threatened eclampsia.

In the series of fifty cases the main indications were placenta previa and eclampsia, there being eight cases of the former and thirteen of the latter affection. There was also one case each of scarlatina, pelvic contraction and severe organic heart lesions. In the remaining cases the indications are varied and consist of accidental hemorrhage and special conditions arising in the course of pregnancy and labor necessitating immediate delivery.

His results may be summarized in the following manner: In the fifty cases operated upon in only one case did the operation fail; in forty-nine cases the operation was, *per se*, eminently successful. Mothers operated upon, 50; failure to dilate, 1; successful operations, 49. Mothers dead, 2; recovered, 48. Children: 53 out of 50 mothers, 3 pairs of twins; all except one born alive; when alive, ante-partum. All babies lived and were born alive, when viable; except as above, babies living, 44; hydatids, 1; babies dead intra-partum, 1; all remainder dead some time, ante-partum, 8. Labor present in 18; not present in 32. Preliminary tamponade used in 9 cases; not used in 41. Cervix was present in 34 women. Methods of delivery: Version, 29; embryotomy and perforation, 4; ordinary forceps, 8; Tarnier axis traction, 7; direct breech extraction, 3; spontaneous, 1.

As regards the technique of the operation, the author advises that it be done in two steps; the first step is not essential and may be left out when there is necessity for rapid work. The first stage consists of beginning dilatation and obliteration of the cervix, and is best done by placing the patient in the left lateral position, retracting the perineum and tightly packing the cervix with sterile gauze; this pack is retained in position by a large vaginal tampon and the patient left for a time, usually about twenty-four hours. This procedure does not require an anesthetic, and by it we can transform a rigid, tightly-closed cervix into one that is soft, pliable, and easily admits one or two fingers. The second

step of the operation is well known, and consists in the regular, rapid manual dilatation and delivery, preferably by version, although some cases can best be terminated by forceps, and, if the child be dead, sometimes embryotomy.

QUININE IN LABOR.

Hammond (American Gynecological and Obstetrical Journal, April, 1898), in a very painstaking and careful series of observations, has studied the action of quinine in 100 cases of labor. His observations have been carried out in the following manner: One hundred cases in which, before labor, there was no reason to suspect that the case would have anything but a normal, spontaneous termination were selected, the interval between contractions and duration of contractions accurately noted in minutes and seconds; quinine was then administered in 10-grain doses and repeated every half-hour until thirty grains had been administered. One-half hour after administration of the drug observations on the duration and intervals of the contractions were again made and the results tabulated. The effects on the uterus after it had emptied itself of the product of conception was also carefully studied, and note was made of, first, if there was any excessive bleeding after delivery, and, second, if there was any tendency to hour-glass contraction.

The results of this series of observations show that of thirty-eight primiparae thirty-five show increase in the frequency of contractions after administration of the drug; this increase in eight of these thirty-five cases did not exceed one minute; therefore it will be fair to conclude that there was a marked effect in twenty-seven. Observations were made on sixty-two multiparae, and in these marked effect could be noted in thirty-five. As regards the effect on the uterus, but five of the 100 cases evinced any tendency to excessive bleeding, and in no case was there any hour-glass contraction noted.

The author admits that he began the work as a sceptic, but after a careful study of his tables says that the prompt increase in the duration of the contraction and diminution of the interval between the contractions which have so uniformly occurred in this series of cases would seem to justify the belief that this drug does exercise a marked influence on the expulsive powers of the uterus.

* * *

Normal Urine in Children.—Carron de la Carrière and Monflet (Medical Age) give the result of researches conducted on healthy children of eighteen months of age.

The healthy child urinates notably oftener than the adult. The specific gravity is higher; the acidity is stronger. By comparison, the child metabolizes more substance per kilo than the adult. The nitrogenous nutrition of the infantile cellule is on about the same scale as that of a man arrived at full development. The nitrogenous metabolism is more complete. With the adult only 85 per cent. of proteid is utilized. The child utilizes 90 per cent. of the total nitrogenous matter.

In mineral nutrition the variations are more marked, the infantile cellule being much more strongly mineralized. All the phenomena of nutrition are, in fact, incomparably more active than with the adult, the maximum being reached between five and ten years. The classical tables, dealing with the normal constitution of urine, are inapplicable to children.

* * *

Serumtherapy for the New-born. Loviot (British Medical Journal) carried out this treatment with success in the case of an infant under three months utterly exhausted by gastro-enteritis. It also had double inguinal hernia. Asses' milk, washing out of the stomach and other remedies proved of no avail. Loviot injected artificial serum subcutaneously (10 g. or 154 gr. of table salt to the liter or 1.7 pints of sterilized water). From 20 to 50 g. of the serum were injected once or twice daily, according to the patient's condition, for about a week. The injections were made into the subcutaneous tissue of the front of the thigh, the abdomen or the back of the forearm. The *couveuse* was not needed, as there was no fall in temperature. The infant rapidly recovered from its perilous condition.

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BALTIMORE, MAY 7, 1898.

The Faculty's Meeting.

ALTHOUGH it may be a little late to discuss the recent meeting of the Medical and Chirurgical Faculty, still there are some suggestions which may be considered for another session. The meeting was a successful one in many respects, but there is still room for improvement in many ways. The papers were kept strictly within the limits by the president, who was most careful and faithful in his duties and who presided with a firmness and decision that gave confidence to all his rulings.

Now, in regard to the papers, no paper should be offered to the programme committee or be accepted by them that has already been read even in part at another society, and yet there were several old subjects served up that had already been heard at a local society. Again, no subject should be offered to the programme committee that is not so offered in good faith, and yet it is a common practice each year for men to hand in subjects of papers which they have not prepared and have no idea of preparing, and, when the time comes, request that their papers be read by titles. In many cases this is an unexpected relief to the audience, but it tends to crowd out good work and disturb the day's routine.

It would also be well, if that were possible, to demand, as does the Association of American Physicians, which has just held such a successful meeting in Washington, that the writer of a paper furnish to the programme committee in advance an abstract of his proposed paper or remarks, so that these may be printed in advance. This would have a tendency to lop off those who use the programme only as an advertising means. It was unfortunate, too, that the plan followed for several years past lapsed this year, that of selecting a special subject and assigning certain members to take part in the discussion. This is not only a means of attracting a good audience, but is of great interest. The tendency is to hear a paper and let it pass without discussion, and everyone knows, or should know, that the life of any society is in its intelligent discussion of papers more than in their reading or presentation.

It has always been the wish that members of the Faculty from outside of Baltimore should attend more generally and contribute work, and yet this is exceptional, for out of the thirty-seven papers on the programme but three were by physicians outside of Baltimore, excluding, of course, the addresses of the president and the annual orator. The county members should not only be cordially invited to be present and take part, but some members of the programme or membership committee, or perhaps a new committee, to be called "The Hospitality Committee," should make it a point to request all county members to report at a certain place—indeed, even arrange to have them centralized in one hotel or boarding-house at reduced rates, as was so well suggested, and, still further, to receive them at the meetings, introduce them to the others whom they may not know and show some spirit of cordiality and hospitality at the social gathering on Thursday night.

These are all suggestions offered in the best faith and not in a spirit of fault-finding. At some future time suggestions will be offered in the changing and proposed revision of the constitution.

It is the wish of those who have the interest of the Faculty at heart to enroll in its membership every eligible physician of the State, so that it may be in reality a State society and not a Baltimore society, as it has been heretofore, and with this object in view the State will be thoroughly canvassed for members.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 30, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	15
Phthisis Pulmonalis	..	25
Measles	62	1
Whooping Cough	7	5
Pseudo-Membranous Croup and Diphtheria.	15	3
Mumps	1	..
Scarlet Fever	8	3
Varioloid	..	..
Varicella	2	.
Typhoid Fever	1	1

The City Council of Baltimore is now wrangling over the City Dispensary appropriations.

The Paris Academy of Sciences is studying the question of the propagation of tuberculosis.

Probably nearly 1500 physicians have offered their services to Surgeon-General Sternberg.

The Nursery and Child's Hospital of Baltimore is twenty years old and is in a flourishing condition.

Surgeon-General Sternberg will appoint for the Cuban invasion army physicians who are immune to yellow fever.

The University of Paris has been empowered to borrow $340,000 for the purpose of building new laboratories.

The Baltimore Eye, Ear and Throat Charity Hospital was formally opened last week under most favorable auspices.

It is a pleasure to note that the Bayview staff has been reappointed. The superintendent has done wonders for this institution.

Germany now wants a department of health, and such a department will probably be made much sooner in that country than in America.

The Baltimore University School of Medicine announces a summer course beginning April 11 and ending July 1, at which time examinations will be held and degrees conferred.

An examination of applicants for license to practice medicine and surgery in Maryland will be held at Hazazer's Hall, Franklin street, between Cathedral and Park, Baltimore, at 9 o'clock A. M., Wednesday, Thursday, Friday and Saturday, May 18, 19, 20 and 21, 1898. Subjects for examination are anatomy, physiology, surgery, hygiene practice, pathology, chemistry, medical jurisprudence, materia medica, therapeutics, obstetrics and gynecology. Application blanks will be furnished upon request by Dr. J. McP. Scott, secretary, Hagerstown, Md. Applications will not be received later than Saturday, May 14, 1898. There will be no deviation from this rule. Fee of $10 must accompany all applications.

The following are the items in the appropriation bills for the years 1898 and 1899 passed at the recent session of the legislature of Maryland for charitable institutions per year each: Woman's Medical College of Baltimore for the Hospital of Good Samaritans, $1500; Lying-In Hospital of the Maternité of Maryland, $3000; Nursery and Child's Hospital of Baltimore City, $2500; Hebrew Hospital and Asylum Association of Baltimore City, $2500; Board of Managers of the Home of Incurables of Baltimore City, $2500; Lying-In Hospital for Indigent Women, $3000; Hospital for the Women of Maryland, $3000; the Baltimore City Hospital, $5000; St. Agnes Hospital, $2500; Home and Infirmary of Western Maryland at Cumberland, $5000; Maryland General Hospital, $5000; Faculty of Physics of the University of Maryland for the use of the University Hospital, $5000; Baltimore University School of Medicine, $1000; Hospital for Relief of Crippled and Deformed Children of Baltimore, Md., $3000; Maryland Homeopathic Hospital and Free Dispensary of Baltimore City, $2500; Provident Hospital and Free Dispensary, $1500; Maryland Lying-In Hospital for Baltimore City, $3000. The further sum of $15,000 is appropriated for the purpose of furnishing and equipping the hospital connected with the University of Maryland, provided the said University Hospital shall furnish one bed, maintenance and treatment for one patient at a time for each senatorial district of the State during two years; provided said hospital shall furnish the Comptroller satisfactory evidence that it has so received, maintained and treated all patients free of charge sent to them under the provision of this act.

Washington Notes.

The telephones have been ordered taken out of about 100 drug stores. The doctors are falling in line, and if the company refuses to accede to their demands all telephones will be removed.

Dr. Gustav A. Herzfeld of Berlin, Germany, one of the city officers of Berlin in charge of the relief of poor, was in Washington for a few days studying the charities of the District.

Horace Ball fell from a street car on Thursday evening, inflicting a long wound upon his head. He soon became partially paralyzed, and an examination showed that his neck was broken. Laminectomy was performed at the Emergency Hospital Saturday morning, and the chances are favorable for recovery.

Surgeon-General George M. Sternberg of the United States Army has issued a circular of information for candidates seeking appointment in the medical corps of the regular army. The circular states that the corps consists of a surgeon-general, six assistant surgeon-generals, ten deputy surgeon-generals, fifty surgeons and 110 assistant surgeons. To each rank is attached a fixed annual salary, which is received in monthly payments, and this is increased by 10 per cent. for each period of five years' service until a maximum of 40 per cent. is reached. Appointments to the medical corps are made by the President after the applicant has passed a successful examination before the board and has been recommended by the Surgeon-General. Permission to appear before the board is obtained by letter to the Secretary of War. Physical examination comes first, and those under sixty-four inches in height are rejected. Mental examinations are written and oral. Hospital training and a practical experience in practice of medicine, surgery and obstetrics are essential. To save expense to candidates residing at considerable distance from Washington, those who desire it may have a preliminary examination by a medical officer of the army stationed most conveniently for this purpose. An applicant failing in one examination may be allowed a second after one year, but not a third.

Book Reviews.

Untrodden Fields of Anthropology: Observations on the Esoteric Manners and Customs of Semi-Civilized Peoples; being a Thirty Years' Experience in Asia, Africa, America and Oceania. By a French Surgeon. In two volumes. Volume I. Paris: Librairie de Médecine, Folklore and Anthropologie. 1898.

This is the first volume of a sociological work which, in a long preface, seems to be apologizing to the public for producing a work which the English rather frowned down. It is said to be by a French surgeon whose name is withheld, for what reason is not clear, for while the book calls a spade by its usual name, it is by no means a book to be ashamed of, especially as it is not for general circulation. The author first takes up Asia and reviews the life, habits and manner of living of the inhabitants of Cochin-China, Tonquin and Cambodia; then follow chapters on tropical America. The work is rather comprehensive as regards the peoples which it describes, but the amount of space given to each subject is rather limited. The author has clearly spent much time in the regions mentioned, and was peculiarly fortunate, if that is the proper word to use in this connection, in seeing more into the intimate life of the families than is usually accorded to a traveler, even though he be a surgeon. He tends to show how degraded are some nations and how difficult it is to endeavor to elevate their moral tone. The publishers have turned out a beautiful piece of work, this especial book being numbered and printed on vellum paper and the type distributed after only 1000 copies were put through the press. This is a second edition, and it is also printed in other languages.

Elements of Latin: For Students of Medicine and Pharmacy. By George D. Crothers, A.M., M.D., Teacher of Latin and Greek in the University of Omaha, and Hiram H. Bice, A.M., Instructor in Latin and Greek in the St. Joseph (Mo.) High School; formerly Professor of Latin and Greek in the Boys' High School of New York City. 5¼x7½ inches. Pages xii-242. $1.25 net. The F. A. Davis Co., publishers, Philadelphia, New York City, Chicago.

This is a little work on a subject which appears from time to time and has for its mission the helping of imperfectly-educated medical students and others who feel the need of a knowledge of elementary Latin. It is also extremely useful for those about to apply for

admission to the advanced medical schools. After some preliminary chapters on the Latin language, the author has a section on prescription writing as it ought to be used in Latin. There is also a very valuable chapter on the Latin proper names which occur in anatomy, surgery, etc. There is a short glossary for definition and pronunciation at the end. The author says that Latin is pronounced as in English. The book is well put together and will be of assistance to those who need it.

Outlines of Rural Hygiene: For Physicians, Students and Sanitarians. By Harvey B. Bashore, M.D., Inspector for the State Board of Health of Pennsylvania. With an Appendix on "The Normal Distribution of Chlorine by Professor Herbert E. Smith of Yale University. Illustrated with twenty engravings. 5½x8 inches. Pages vi-84. Seventy-five cents net. The F. A. Davis Co., Philadelphia, New York City, Chicago.

While this little book or monograph is very elementary, it contains much hard practical sense, and is to be recommended to those who wish to make sanitary matters in the country a study and who may wish to carry out some simple ideas at little cost. It contains many hints that even the most educated might take with profit. It is a book which might be well recommended by physicians to their patients in rural districts, especially if they wanted to lose their practice as a result of following the rules laid down here.

Flagellation in France Considered from a Medical and Historical Standpoint. Paris: Charles Carrington. 1898.

This belongs to a series of books which are put out under the heading of "Pathological Studies of the Past," and is an account of the use of flagellation in France for various causes. After a chapter on whipping in general, chapters follow on religious and medical castigation and the correction of wives. This is rather a curious *mélange* and is in places rather amusing and certainly ingenious. The author, who seems to be anonymous, has collated and collected from old authorities and has managed to say more about an unusual subject than one would think possible.

REPRINTS, ETC., RECEIVED.

Treatment of Uterine Myxomata and Diseases of the Uterine Annexa per Vaginam. By William H. Wathen, M. D., LL. D. Reprint from the *American Gynecological and Obstetrical Journal.*

Current Editorial Comment.

YELLOW FEVER.

American Medico-Surgical Bulletin.

Whether the bacillus of Sanarelli, the ameba of Klebs, or some as yet undiscovered micro-organism, is the cause of yellow fever is of less importance just now than the determination of the best means of arresting its invasions of this country.

PROFESSIONAL SILENCE.

Gaillard's Medical Journal.

Silence is probably the safest rule for the physician to follow in relation to secrets which come to him in his professional capacity. It may sometimes seem his duty to warn those interested, but he must be very sure of his ground before doing so. A notable instance of the dangers incident to the utilization of knowledge gained under the seal of professional secrecy was furnished in the now celebrated case of Kittson *vs.* Playfair.

EDUCATING THE LAITY.

Charlotte Medical Journal.

We are often amazed at the profound ignorance of medical science manifested by the laity. This ignorance is not limited to the illiterate, for we meet with men among the highly educated classes, teachers, ministers and lawyers, who appear more attracted towards voodooism than to our noble science. If reason places an idea in the mind reason can remove it and supplant it by another, but there is no known method of displacing an opinion that has been acquired without reason.

PURE DRUGS.

The Journal.

The surgeon usually has sufficient acumen to recognize the fact that his instruments must be thoroughly reliable if creditable results are to be reached, and after some years of experience he learns to regard a certain manufacturer's products reliable and usually purchases his supplies from that source until some accident reveals to him that his confidence has been misplaced. Not so with the physician, who writes a prescription for his patient and sends him out to get it filled by whom and where he will, or who, for motives of economy, purchases for his own dispensing cheap pharmaceutic products which must needs be uncertain in their effect.

Medical Meetings.

MAY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	..	..	..	..
..	..	..	..	..	..	..

JUNE						
S	M	T	W	T	F	S
..	..	..	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	..	..
..	..	..	..	..	..	..

JULY						
S	M	T	W	T	F	S
..	..	..	..	..	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	..	..	..	..	..	..

The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

May.

ASSOCIATION OF AMERICAN PHYSICIANS. Annual meeting at Washington, D. C., May 3, 4 and 5, 1898. F. C. SHATTUCK, M. D., President, 135 Marlborough St., Boston, Mass. HENRY HUN, M. D., Secretary, 149 Washington Ave., Albany, N. Y.

AMERICAN NEUROLOGICAL ASSOCIATION. Annual meeting at Washington, D. C., May 4, 5 and 6, 1898. M. ALLEN STARR, M. D., President, 22 W. 48th St., New York City. GRAEME M. HAMMOND, M. D., Secretary, 58 W. 45th St., New York City.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May 16, 17 and 18, 1898. THOS. R. FRENCH M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President. Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

State Societies.

April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. R. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(*Continued on page* xvi.)

MARYLAND
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Original Articles.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

By W. T. Councilman, M.D.,

Shattuck Professor of Pathological Anatomy, Harvard University Medical School.

THE ANNUAL ADDRESS BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AT ITS ONE HUNDREDTH ANNUAL SESSION, APRIL 26 TO 29, 1898.

I THANK you heartily for the honor you have conferred upon me in requesting this address. I have always thought of the Medical and Chirurgical Faculty of Maryland with pride and gratitude. With pride, because it has always borne so honorable part in the history of my native State and in the history of medical associations; with gratitude, because I feel that I derived my first inspirations in the path in medicine which I have followed from two addresses I heard given before your body. One was given while I was a medical student, and was from the eloquent lips of Dr. S. Weir Mitchell, whose place here today I so imperfectly fill. The other came in the following year, and was by Professor Ira Remsen of the Johns Hopkins University. I learned then as a student from Dr. Mitchell what medicine owed to science and what could be gained to the medical art by applying to the art principles which science had established. I learned from Professor Remsen that there were lines of scientific investigation in medicine along which one might work with the object of ascertaining facts and of developing principles from those facts, and that such work was as eminently humanitarian as the practice of the art of medicine.

Feeling the inspiration I have derived from those two men, I have not been rash enough to attempt an address of a general nature. I have had neither the time to study nor have I the ability to discuss the broad question of medical science. So I have chosen to speak to you of a disease in which I have been deeply interested and the medical literature of which has been greatly enriched by descriptions from some of your members of the epidemics which have appeared in Maryland.

It is only within recent years that we have been able to distinguish in epidemic cerebro-spinal meningitis a definite disease produced by a definite etiological factor. An organism which may be distinguished by certain characteristics of its own has been found in the inflammatory exudation in certain cases of meningitis. The organism may be grown in various culture media, and the pure cultures, when inoculated into the meninges of susceptible animals, produces an acute meningitis. The cases of meningitis in which this organism is found, taken collectively, show a clinical course which is characteristic, although single cases taken from the number may resemble cases of meningitis due to other organisms. The clinical pictures presented by different types of meningitis are as characteristic in their way as a clinical picture of diseases in other organs due to pathological processes of the same general character, but produced by different causes.

The disease is best recognized during its clinical course by ascertaining the

presence of the etiological factor. We are now able to do this, and by ascertaining the cause in every case of meningitis we can distinguish the different forms. A great deal of confusion has arisen in epidemic cerebro-spinal meningitis, due to the fact that the type of the disease has not been sufficiently insisted upon, and to confounding the organism characteristic of this disease with organisms presenting somewhat similar characters which are the causes of meningitis of a different character. The chief work to be done in the future in meningitis is to ascertain by examination of the meningeal exudation during life the nature of the disease, and then by careful study of the cases to fix more sharply than can be done at present the different types clinically.

Under the term meningitis is understood inflammation of the pia-arachnoid, the membrane which forms the immediate investment of the brain and spinal cord. The separation of this membrane into the pia and arachnoid is artificial, although there is more justification for such a separation in the spinal cord than in the brain. Considered as a single membrane, it consists of a serous surface (arachnoid) in contact with the dura, forming one side of the sub-dural space, and beneath this a loose connective tissue (pia mater), containing numerous and large lymph spaces and carrying the blood-vessels of the brain and cord. In the spinal cord there is a single large space between the upper serous surface and the tissue which closely invests the cord, crossed by numerous fibrous trabeculae. The lymph spaces in the membrane communicate with the lymph sheaths around the vessels of the brain and cord, and, by means of lymphatics accompanying the nerves, with the general lymphatic system of the body. The membrane in the form of the choroid plexus passes into the ventricles of the brain.

There are various means by which infectious agents can gain access to this tissue. They may enter into it by means of the blood or by the extension of infectious processes from adjacent regions. The extension may be direct or by means of lymphatics which communicate directly or indirectly with those of the membrane.

All inflammatory processes in the pia-arachnoid, however produced, agree more or less in their anatomical features, and in so far as the symptoms depend upon the purely local lesions there is considerable uniformity in the symptoms produced. There are, however, certain minor differences in the anatomical lesions which are sufficient to differentiate certain forms of meningitis. These differences depend in general upon the extent and character of the exudation, upon the varying degree in which the blood-vessels and nerves are involved and upon the direct extension of the process in the meninges into the adjacent tissues of the brain and cord. In some cases the lesions are limited to the membranes; in others there is a tendency for the process to extend into the adjacent nervous tissue and along the nerves. There is little doubt that all cases of meningitis are cerebro-spinal, the meninges of the cord being affected as well as those of the brain. The cord lesions are, however, so much more marked in certain cases that these have been especially distinguished by the name cerebro-spinal meningitis.

In epidemic cerebro-spinal meningitis there are sufficient differences in the character of the exudation, in the greater degree of involvement of the meninges of the cord, in the extension of the inflammation along the nerves and in the participation of the tissue of the brain and cord in the process to enable us to distinguish anatomically most cases of this from other forms of meningitis. In all forms of meningitis the inflammatory exudation is more marked on the base than over the convexity of the brain and along the posterior than the anterior surface of the cord.

The first description of a disease which we can now recognize as epidemic cerebro-spinal meningitis was given by Vieusseaux in Geneva in 1805. This date is usually accepted by the Germans as marking the appearance of the disease.

In the histories of the great epidemics of Europe, from the thirteenth century

on, symptoms are described which almost certainly point to this disease. A very interesting account of these early epidemics and their affinity to or identity with cerebro-spinal meningitis is given by Webber in his admirable account of the history of the disease. The descriptions of these epidemics are exceedingly obscure, and, in the general absence of the records of post-mortem examinations, it is impossible to say exactly what disease they represent. The descriptions of the clinical symptoms could apply equally to typhus, typhoid or cerebro-spinal meningitis.

Following the epidemic in Geneva, the disease next appeared in the following year 1806 in Medfield, Massachusetts, and was described by Danielson and Mann in the *Medical and Agricultural Register*. The clear and accurate description of these authors, with their account of the results of post-mortem examinations, leave no doubt as to the nature of the disease they describe. The disease, commencing in this small town, became a wide-spread epidemic, extending over the entire New England States and into Canada, New York, Pennsylvania, New Jersey and Maryland, and continued until 1816. There are two classical descriptions of the disease in this period. One is by Elisha North and the other by a committee appointed by the Massachusetts Medical Society to investigate the new disease. The committee was composed of Drs. James Jackson, J. C. Warren and Thomas Welch, and the report was written by James Jackson, the secretary. The committee sent letters to various physicians all over the State and analyzed their replies. The disease was described as beginning suddenly with great prostration, intense pain in the head and along the spine and vomiting. Many of the cases died suddenly in ten to twelve hours; others in twenty-four to forty-eight hours after the first symptoms. Almost all the fatal cases died before the third day. The disease affected especially young persons of both sexes, but not generally very young infants or aged persons. The committee reported in all eight autopsies, most of which were made by J. C. Warren.

North describes the disease from his personal experience with it, and appends to this various other accounts which have been given by contemporaneous authors. North divided the disease into two types, depending on the more or less rapid course of the disease and the intensity of the symptoms.

Dr. Samuel Woodward, in a newspaper printed in Hartford, describes an epidemic in Litchfield county in 1807. In the same paper Dr. Bestor, after giving an excellent account of the clinical course of the disease, says that, though it has been attributed to various causes, he is convinced that the "immediate cause of the disease is the increase in the sensorial power of sensation with the decrease of the sensorial power of irritation." The book of North also contains a description of the disease by Dr. Fiske, "Sketch of Spotted Fever" (*Massachusetts Spy*, April 9, 1810), "Observations on Anomalous and Irregular Diseases," by Dr. Williamson (Baltimore, 1808; letter to Philadelphia Medical Museum), and a collective report from Drs. Haskel, Spooner and Holmes, who were a committee appointed at Farmingham, Connecticut, to investigate the disease.

This was the most extensive epidemic of the disease ever seen in the United States. From 1840 to 1850 slight epidemics appeared in the Western and Southern States. The most extensive epidemic was seen in New Orleans, and occurred chiefly in a regiment of recruits which had come there from Mississippi.

The United States was free from the disease from 1850 to 1857, when it again appeared in two such widely separated areas as North Carolina and the western part of New York. During the Civil War, from 1861 to 1864, the disease became widely spread. In the winter of 1861 and 1862 it appeared in the Army of the Potomac and in camp near Washington, and was especially severe among the negroes sent by the Confederates to Memphis. Upham gives an account of the disease as it appeared in the winter and spring of 1862 and 1863 in the camps in and around Newbern, N. C. He compares the symptoms observed in this epi-

demic with those of the Massachusetts epidemic in 1810, and concludes that both diseases were the same. He made a number of post-mortem examinations, and gives a careful description of the anatomical lesions.

The disease appeared again in Massachusetts in 1864 and 1865, and a report was made on it in 1865 by a committee appointed by the Massachusetts Medical Society. The report of this committee, unlike that of 1810, did not make any material addition to our knowledge of the disease. From 1865 there was a period of quiescence in Massachusetts until 1872 and 1873, when there was another severe epidemic in Boston, which was reported by Upham. In Philadelphia and other parts of Pennsylvania there was a severe epidemic in 1863, which was described by Stillé. From 1860 to 1874 epidemics of the disease were seen in almost all parts of the United States. In the United States since 1876 sporadic cases and small epidemics have been seen in various places. The most extensive epidemics during this period have been those of New York in 1893, that in Lonaconing, Md., in the same year, and the recent epidemic in Boston, 1896 and 1897. Many of the epidemics have not embraced more than four to six cases, and most of the accounts concern only sporadic cases.

In Europe extensive epidemics of the disease have appeared in the same periods as in the United States. The most extensive was from 1837 to 1850, and was characterized chiefly by the prevalence of the disease among troops. The epidemic was most prevalent in France, and in nearly all cases it appeared first in the military and from there, in some cases, notably in Metz, extended to the civic population. In Germany the disease was prevalent in 1864 and 1865, and in this period most accurate clinical and pathological descriptions of the disease were given by Wunderlich, Klebs and others. There have been small epidemics in Germany at various places from 1865 up to the present. The most extensive of these epidemics was in Cologne in 1885, and was carefully studied by Leichtenstern.

THE CHARACTER OF THE EPIDEMIC.

Considered as an epidemic, cerebro-spinal meningitis has many features which distinguish it from epidemics of the other infectious diseases. As a rule, none of the epidemics has shown a continuous extension, this being noticeably the case with the first recognized epidemics. In some cases, as in the French epidemics from 1840 to 1845, it appeared to extend with the movements of the troops, and it was undoubtedly carried into Algiers in this period by the French troops. Almost all of the epidemics have appeared in the winter and spring. Vieusseaux pointed out that the disease in Geneva disappeared on the approach of mild spring weather. All of the early epidemics in Massachusetts were seen in the winter and spring. Woodward speaks of the disease in Litchfield county appearing in April, when the frost was dissolving and the ground breaking up, and says the disease seemed to be more common in rainy weather.

TABLE I.

	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
1896...	..	..	..	..	..	1	..	..	1	..	..	3
1897...	1	10	23	29	21	14	7	..	4	6	3	6
1898...	5	7	7	..	..	..	..	..	..	..	..	..

The appended table gives the time of appearance of the cases seen in the three chief hospitals of Boston Hospital in the present epidemic. In my study of the disease I have only included the cases seen in the Boston City Hospital, the Massachusetts General and the Children's Hospital. The best methods of clinical diagnosis were used in these cases, the clinical histories were good, and autopsies were obtained on a large number of the cases which died. Cases which occurred outside of the hospitals are not included on account of probable errors of diagnosis. As is seen from this table, the greatest number of cases occurred in April and the greatest mortality was in May.

AGE.

In general the disease has been most prevalent in children and young adults. The cases occurring in the military epidemics were mostly young soldiers, from

the age of eighteen to twenty-four years. Leichtenstern found, in the epidemic in Cologne in 1885, out of 111 cases, only twenty-three which occurred after the thirtieth year. More than half of his cases occurred before twenty-one. The following table, taken from Leichtenstern, gives the ages of cases seen in the epidemic in 1885 and in the small epidemics which followed this:

TABLE II.

AGES.	1885.	1886.	1887.	1888.	1889.	1890.	1891.	1892.	Totals.
1-5.	17	:	:	2	:	:	1	2	22
6-10.	14	3	2	2	:	:	:	:	21
11-15.	10	3	1	1	1	1	:	:	17
15-20.	19	11	:	7	1	:	1	3	42
21-25.	18	7	:	9	1	:	1	1	37
26-30.	10	2	:	3	:	1	1	:	17
31-35.	6	1	:	:	:	:	:	:	7
36-40.	6	2	:	2	1	:	:	:	11
41-45.	4	1	1	:	:	:	:	:	6
46-50.	1	2	:	:	:	:	:	:	3
51-55.	1	1	:	:	:	:	:	:	2
56-60.	4	1	:	:	:	:	:	:	5
61-65.	:	:	:	1	1	:	:	:	2
66-70.	1	:	:	:	:	:	:	:	1
70.	:	:	:	:	1	:	:	:	1
Totals.	111	34	4	26	5	4	4	6	194

The epidemics in the early part of the century were particularly prevalent in children. At more advanced periods of life meningitis is very rare.

The following table gives the ages of the cases seen in the present epidemic:

TABLE III.

0-5.	6-10.	11-15.	16-20.	21-25.	26-30.	31-35.	36-40.	41-45.	46-50.	51-55.	56-60.	61-65.	Totals.
24	13	7	15	25	26	19	8	1	4	1	2	1	146

Only those cases which were seen in the hospitals are considered. A separate tabulation of those under five years of age shows but five cases under three years and one under one year. Nothing shows the inaccuracy of mortality tables of cerebro-spinal meningitis more than the analysis of ages in the cases in which diagnosis is certain. Epidemic cerebro-spinal meningitis is exceedingly rare under one year of age. All other forms of meningitis, though rare at this age, are more common than the epidemic. In mortality statistics of the disease a large percentage of cases is put down as under one year. In the present epidemic no cases were seen in the infant hospital.

(To be continued.)

THE ANTISEPTIC OR GERMICIDAL TREATMENT OF DISEASE.

By Edward Anderson, M.D.,
Rockville, Maryland.

READ AT THE ONE HUNDREDTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29 INCLUSIVE, 1898.

Mr. President and Gentlemen of the Medical and Chirurgical Faculty of Maryland—The above-entitled subject would require fifteen hours instead of fifteen minutes to do it justice; so what I have to read today is merely a few head-lines.

I understand that the Chinese have certain fixed rules for the treatment of disease, which rules their physicians are obliged to follow, and if any practitioner has the hardihood to use his own judgment, and a patient dies, he is considered guilty of homicide. Although not handicapped to the same extent as the Chinese, yet many of us are handicapped both by text-books and bacteriological reports. Text-books cannot be consulted too much, nor can too much credit be given to the authors of good ones, but I am with them as a certain German magistrate in one of our Western States was with the law. On one occasion he decided a case in an illegal way, as some thought, and upon being remonstrated with, said: "I goes mit the law while the law goes mit me, and then I goes by myself." In cases where I have had much experience I go with the books while they coincide with that experience, otherwise I use my own judgment entirely.

Bacteriologists tell us that a chemical agent strong enough to destroy certain disease germs, such as the comma bacil-

lus, for instance, would be sufficiently potent to destroy the human organism infested by them. Many of us do not use these agents as we should. We forget, I fear, the germicidal properties of the blood, and also the fact that it requires very little aid from germicides introduced from without to enable it to destroy any disease germs that may enter it. Clinicians being deterred from using germicidal agents on account of such reports, reminds me of an experience I once had with an Irishman in my employ. When arseniate of copper was first recommended for the destruction of the potato bug this man, instead of putting the chemical on the potato vines, to be eaten by the young beetles as they hatched out, gathered a lot of the old bugs and rolled them in it. He came to me and said it was of no value, for it did not even sicken the creatures.

One antiseptic and germicide which instinct teaches us, together with the beasts of the field, to use is common salt, and yet it is often left out of our dietary when we most need it, that is, in time of illness.

Germicides have been employed in the treatment of disease, empirically perhaps, from time immemorial. Hundreds of years ago the discovery was made that mercury would eradicate syphilis, and by that discovery the treatment of this disease was perfected. Had bacteriology been understood in those days the problem of the treatment of disease would have been solved by our forefathers instead of being left to us to solve.

Shortly after the discovery of America Peruvian bark was found to be a specific in the treatment of that form of malaria called intermittent fever, but that is not all there is of malaria. We have a continued form of that malady which cinchona alone is inadequate to remove. Since the manufacture of the coal tar preparations they, together with cinchona, have perfected the treatment of malaria in all its forms.

Antiseptics have always been employed in the treatment of typhoid fever, but only to alter certain conditions, such as tympanites, for instance, for which turpentine was always a favorite remedy. Instead of waiting for distention, as has been done in the past, turpentine should be used, at least by inunction, from its very inception.

During the past winter I suffered from an attack of pneumonia, when a mixture of turpentine and olive oil was constantly applied to my chest. After ten days' application hundreds of thread worms passed from my bowels which I had no idea were there, and how many thousands of deleterious microbes were destroyed in my blood I never will know. For the last six years in my experience diphtheria has been of a much milder type than formerly. During these years I have had but four cases in the laryngeal form, all of which have recovered after being saturated with mercury. Other forms of the disease have been as successfully treated by the administration of salicylic acid in the shape of salicylate of sodium, together with mercury.

Up to within the last five years I lost as many infants, suffering from bowel affections incident to hot weather and teething, as most practitioners who were guided by the books, but since that time, by the administration of an antiseptic, I have not lost a single case.

The sooner physicians cease to consider these cases, with most others, as local troubles the better it will be for those entrusted to their care.

The only improvement that has been made in the treatment of pulmonary consumption in recent years has been made through the administration of antiseptics, creosote being the one chiefly employed.

In treating influenza during the past few years with salicylate of sodium I found that many cases of tuberculosis were arrested, if not cured. As consumptives often live for twenty or twenty-five years it is difficult to tell when a cure is effected. If a preparation of salicylate of sodium could be manufactured, as some chemists claim it can, which will not disagree with the stomach, it would be the ideal germicide for the treatment of pulmonary consumption. Physicians in the cities are working along the line of serum therapy, and we in the country along that of antiseptics.

If our legislature, at its recent session, had done its duty and passed the vital statistics bill as originally drafted it would soon be seen which was the more successful plan of treatment. I feel convinced that in the future the antiseptic method will be universally employed in the treatment of disease, and that death from an acute disease, in a previously healthy subject, will be unheard of.

I know it seems like presumption in me to talk in this optimistic style in this, the chief center of medical learning of America, but I am not speaking for myself alone, but for all the village and cross-road doctors in the State who are not here to speak for themselves.

SOMNAMBULISM TRANSMITTED BY A FATHER TO EACH OF FOUR SURVIVING DAUGHTERS.

By Charles O'Donovan, M D,
Baltimore, Md.

READ AT THE ONE HUNDREDTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29 INCLUSIVE, 1898.

THE following history of a family of degenerates whose peculiarity is somnambulism cannot fail to interest students of nervous diseases. The peculiarity most deserving notice is the distinct record of inheritance of the disorder and also its presence in every surviving member of the large family.

The family are immigrants from Ireland, where their first child was born, all of the others having been born in Baltimore. The somnambulism is inherited from the father, who walked in his sleep quite frequently in spite of treatment of various kinds, all equally ineffectual. He was not a healthy man otherwise, having been subject to recurring attacks of rheumatism. He was not a drinking man ordinarily, but would at long intervals go on a spree of several days' duration. He contracted pneumonia, from which he never entirely recovered, and gradually wasted away, dying finally of consumption, with continued diarrhea. He was but forty-two when he died. His wife never walked in her sleep. She was a very slender woman, below the medium height. She, too, developed consumption, probably from her husband, and died at forty, after quite a long illness.

They had nine children, five girls and four boys. The first two children were boys, both of whom died in childhood, one of consumption and intercurrent diphtheria, the second from some forgotten ailment, but when quite young. Next came four girls, all of whom are living, and who form the subjects of this report. Then came a boy, who died at seven of some bowel trouble. The next was a girl, who lived but three months and died of what was called "catarrh on the chest," probably general bronchitis. The youngest was a boy, who lived to be sixteen years and died of erysipelas of the leg and foot. The histories of the parents and of the dead children I have obtained from the sisters who are left, not from personal observation.

Of the four living children, all of whom are now grown women, the oldest, M., is the most inveterate somnambulist. Her lungs are weak, with spots here and there of tuberculous degeneration. She has a constant cough, with some little expectoration, the result of a never-ending series of colds leading to bronchitis. Yet she is plump, though anemic and muscularly flabby. She is nervous, easily excited, irritable, yet generous and kind to a fault. She has walked in her sleep since childhood, and now never misses a night in spite of all treatment. She has had numerous medicines without effect, and has also tried various mechanical means of restraint unsuccessfully. She seems to retain sufficient unconscious cunning to overcome or avoid every obstacle.

She knows nothing of what she has accomplished until she discovers next day certain traces of what she did during the night. Menstruation has no effect upon the habit, but business worries or family anxieties always produce more extended excursions at night. She often walks downstairs or to distant parts of the house. She sometimes wakes while out of the

room, but usually gets back into bed again and continues asleep. She sometimes carries on quite sensible conversations during the somnambulistic state, and is totally unconscious of having done so later on. Twice she has fallen over articles in the room, but goes up- and downstairs with impunity. She has often raised windows and lowered them; has lit the gas and turned it off, but never has had any accident of a serious nature.

The second of the four sisters, A., is the most decided degenerate of the family. She is forty-five years old and unmarried, as they all are. She, too, has weak lungs, with frequent bronchitis and a distressing cough, with occasional hemoptysis. She is thin and old-looking, with a goiter and a trifling prominence of the eyeballs. Pulse 140 and weak. The goiter developed about eighteen months ago after several severe paroxysms of coughing. She is very nervous and hysterical, being subject to fits of melancholy with despondency and weeping. She has also most persistent boborygmi, especially when worried. She walks at night infrequently, but not so extensively as her older sister. She is quite anemic and subject to fainting spells. She is no worse at menstrual epochs as far as the sleep-walking is concerned, although her other neurasthenic symptoms are then exaggerated.

The third sister, K., is quite fat and seems well, except for pronounced anemia. She is of a nervous temperament, easily excited and often depressed, but much less so than either of her two older sisters. She is a bookkeeper in a restaurant and is very regular in attendance at her duty, rarely losing a day from illness. As long as she can remember she has been a somnambulist, even from early childhood. In her case also all methods have been tried ineffectually to cure the habit. She does not walk as regularly as her oldest sister, nor as extensively, but the habit is as persistent. She rarely walks now without some exciting cause, usually worry. She has never fallen or hurt herself. She walks about her room or up- or downstairs with impunity.

The fourth sister, Agnes, is in every way the strongest and healthiest of the family, but she walks at night at times, not very frequently nor without some predisposing cause, such as great fatigue or strong excitement. Her excursions are as extensive as those of her oldest sister, and she has also the habit of carrying things about with her. Her sleep is often unquiet and disturbed, when she screams at the top of her voice and talks in sleep a great deal, as do the others also. She has never hurt herself and walks only about her room.

The collateral branches of this interesting family can be traced on the mother's side only, and present nothing worthy of note, all being reported as healthy. Of those on the father's side nothing is known.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

TUESDAY, APRIL 26—DAY SESSION.

THE one-hundredth annual session of the Medical and Chirurgical Faculty of the State of Maryland was called to order at the hall of the Faculty, 847 North Eutaw street, April 26, at 12 o'clock noon, Dr. Charles M. Ellis of Elkton, president, in the chair; Dr. J. Williams Lord and Dr. Robert T. Wilson, secretaries.

After reading of the minutes of the preceding meeting and the report of the examiners, Dr. Charles M. Ellis, president, said that there had been between fifty and sixty applicants for membership, and that Dr. Ashby, the treasurer, had in hand about $2000, with pledges for $2000 more, which was more than half enough to pay off our indebtedness, and he hoped that by the centennial year, in 1899, we would be free from all debt and have a fund on hand as a surplus. He said that he wished to call the members' attention to the exhibition of instruments and drugs in the hall below. The minutes of the semi-annual meeting in September and also of the special meeting

in December were read, accepted and referred to the publication committee. In the report of the Board of Examiners for admission to the Faculty there arose a discussion about the signing of the certificates, and Dr. Fulton said that he intended to make an amendment to the constitution, if necessary, to have diplomas signed only by the president and secretary. Dr. Welch then moved that the president and secretary be empowered to sign diplomas, and the secretary be empowered to attach the signatures of the members of the Examining Board. This was carried.

Dr. J. B. R. Purnell of Snow Hill then read a paper on "School Desks, Eyesight, etc., Cases in Practice."

Dr. Edward Anderson of Rockville read a paper on "The Antiseptic or Germicidal Treatment of Disease" (see page 547).

Dr. Walter B. Platt of Baltimore presented a report of "Thirty-five Cases of Hip-Joint Disease Treated at the Robert Garrett Hospital for Children." At the close of his paper he showed two patients at present in the hospital who had double hip-joint disease. The report of the cases was a review of the history and progress of the cases from the first observation to the present time as far as this could be determined in each case, and was comprised under thirty-four headings, beginning with the duration of disease previous to entering the hospital and ending with the condition April 15, 1898. Of these cases seventeen were boys and eighteen girls. Twenty-one were on the left side and the remainder on the right. The two double cases were counted as on both sides. But four of the patients are known to be dead, and in but two of these was the death due to hip-joint disease; the two remaining died respectively of diphtheria and of epidemic cerebro-spinal meningitis. Of the first two, one died from shock due to operation for resection; the other of asthenia, after long-continued disease. He had been at home for six weeks.

Of the whole number of cases treated there were but three resections done. In all of these there was perforation of the acetabulum and more or less extensive pelvic disease caries. In twenty-three of the cases there were no sinuses on entrance; the remainder had sinuses. Of the three resections, two are living; one nine years after operation, the other two years after operation. The first patient is able to act as clerk in a store, and goes about in the store without even a cane; in the street he uses a cane. The second wears still a high shoe and long Taylor's splint, and goes about on crutches. He has several sinuses and probably amyloid liver. The first of the two seems to be in excellent general health, and has one small sinus, which discharges but little. The cases entered the hospital at varying intervals of time from the first symptoms of the disease. It ranged from one month to six years, the majority being six months from the time of first symptom. There was a history of trauma in but one-fourth of the cases. Not one of the cases presented any marked symptoms of pulmonary tuberculosis, such as troublesome cough, while in the hospital, and but two in which there was reason to think that the lungs were ever involved at all.

It was found impossible to differentiate with certainty the cases of hip-joint disease due to tuberculosis from those of simple osteomyelitis. Two of the cases had typical osteomyelitis in other parts of the body. One of the most interesting facts observed in these cases was the extreme susceptibility of hip-joint patients to contagious diseases. While these diseases were very rare in the hospital, and immediately isolated in a separate building, they were very prone to attack by preference the hip-joint patients, eight of these being so attacked. Of these, two were diphtheria, three scarlet fever, two measles and one epidemic cerebro-spinal meningitis, the latter at the patient's home during an epidemic in his neighborhood. The immediate improvement in the great majority of cases was shown in the early cases, many of them leaving the hospital without any limp, pain or limitation of motion, and, as far as known, no return, emphasizing the fact that hip disease, properly treated at a very early stage, is one of the most tractable of diseases and capable of complete and speedy cure.

Dr. Anderson, in commenting on this paper, said that he had often noticed that there is a great deal in counter-irritation, and when one hip became diseased the other grew better. He noticed also that in cases of consumption, when a sinus was established, the lung trouble often grew better.

Dr. Platt said that it had been said that heredity played a great part in hip-joint disease, some asserting that most cases of bone tuberculosis show two generations preceding affected with some form of tuberculosis. Tuberculosis is so common that it is a little uncertain if that has the influence it is said to have.

Dr. J. C. Harris spoke of cases that lived a long time and died at an advanced age even with severe hip-joint disease.

ASSOCIATION OF AMERICAN PHYSICIANS.

THIRTEENTH ANNUAL MEETING, HELD IN WASHINGTON, D. C., MAY 3, 4 AND 5, 1898.

TUESDAY, MAY 3—FIRST DAY.

Dr. F. C. Shattuck, Boston, delivered the president's address. He said it was 400 years since this country was discovered, and it has been 100 years since what is properly called a hospital was founded. In the large cities in the early days there were very few poor persons, and the neighbors all helped each other. Later, when Irish and other nationalities began to come to this country, and the older cities grew and new ones were created, there gradually appeared what might be called a poorer class, and these hospitals were opened for the care of the poor sick. At first, hospitals were started by private subscription, but as cities grew larger taxpayers were called on to support these institutions for the care of the sick poor who could not help themselves. The medical profession has done much without pecuniary reward, but the physician gains experience and indirectly is assisted by attending these hospitals. The returns which physicians gain from this very work are ample. Virtue is not its only reward. Hospitals for the poor may be all very well, but there are also hospitals for the rich, although these two terms poor and rich are relative. Persons who could pay for an occasional visit were unable to stand prolonged medical attention, and the poorest necessarily need the best attention, because their surroundings, as a rule, are not favorable. Medical dispensaries and hospitals are free to all who need them, and should be denied to those who do not need them. Questions should be asked; every claim should be scrutinized. The matter is in our hands. If the profession would refuse to help selfish institutions there would be fewer undeserving poor sick. Still, the hospital is an education for the physician; it advances his knowledge. The clinical teacher must study his cases carefully. The didactic lecture is gradually falling into decline. The teaching hospital is not free from blame. Complaints against such institutions have arisen of late in England and also in this country, and there are some good ground for these complaints. He, in his own experience in the Massachusetts General Hospital, has had to turn away cases who were not deserving. Some cases come to get information as to whether their physician was right, and people come from the country and think they have the right to free advice at the hospital, not knowing that the city hospitals are only for the taxpayers in the city. He referred to a case of his own knowledge. A physician had sent a patient to the dispensary, asking for free consultation. In the Massachusetts General Hospital Dispensary many cases have to be excluded as unworthy. There a clerk is employed at a salary of $500 a year to weed out undeserving cases. Another ground for complaint by physicians is the attaching of pay wards to hospitals which are supposed to be free. A hospital which cannot be supported without this should close its doors. He referred to one hospital which had an income of $55,000 a year from its private rooms. Many cases have to be treated in hotels and boarding-houses who are able to pay for both attention and board. Such cases should not come to a charity hospital, but should be cared for in a special hospital which is accessible to them. The small hospital makes good return on its investment.

Those who are with hospitals are in a better position to treat cases than those without them.

The using of pay rooms and pay wards attached to a charity hospital to which only some physicians can attend is in the nature of a medical trust. Commercialism tends to degrade the medical profession. He mentioned one hospital that had a few private rooms and where patients pay a small amount for beds in the public ward. Such institutions can be established for clinical teaching.

Dr. S. J. Meltzer, New York, then read a paper, entitled "Congenital Stenosis of the Pylorus in Infants." After a brief review of the literature, he said that he had had but four cases of this trouble. It seems to be becoming more common, or else the cases are more easily recognized. After the first case recorded was recognized there was a long interval, and then many cases seem to have been observed within a short period. In five cases the diagnosis was made and operation was done and the lives of these were saved. Several physicians have made a diagnosis by having seen others at the post-mortem. He then referred to a case in which he had made the diagnosis, and showed a very beautiful specimen in a child which had during life vomited occasionally and had great trouble with its nursing and feeding. Free hydrochloric acid was present in the matter vomited. It took its food greedily. By the use of diluted carbolic acid and bicarbonate of soda the food was held for some time, but gradually the child again began to vomit and then succumbed. He found a stenosis of the pyloris and atony and dilatation of the stomach. The child was forty-four days old when it was operated on by Dr. Willy Meyer. He did a gastro-enterostomy and used the Murphy button. The child lived a very short time after this. He then explained the gradual change which took place in the stomach in this trouble, and discussed briefly the diagnosis and the treatment in these cases.

Dr. I. Adler, New York, also showed some specimens of this same malformation, and explained his method of treatment. He did not use the Murphy button. In his cases he found hypertrophy of the circular fibers, but the longitudinal fibers were very little altered.

Dr. A. Jacobi, New York, referred to a case which he had seen very recently, and mentioned other cases, and said that this contraction of both ends of the stomach was probably the cause of this hypertrophy.

Dr. Meltzer, in conclusion, said that he had mentioned this hypertrophy of the muscles in relating his case.

Dr. D. D. Stewart, Philadelphia, then read a paper, entitled "Gastric Carcinoma Associated with Hyperchlorhydria," and related a number of cases of this trouble, and spoke especially of the position of the cancer. He said that a positive diagnosis was very difficult, especially when the cancer included an ulcer in which a certain amount of gastric fluid persits, even after the symptoms of this disease have been marked for a long time. He related at great length a case of unusual interest in which the operation was made before the patient came under Dr. Stewart's care, which showed that there was apparently a diffuse carcinoma, the stomach being too much involved for a grastro-enterotomy. One of the omental glands was found to be cancerous. In spite of all this, the patient recovered from the operation and apparently became well. The symptoms returned later on, and Dr. Keen was consulted. The case would have been considered one of chronic ulcer had not that gland been examined. The patient died after the second operation. The autopsy showed there was a very large cancerous ulcer, with a thickened cancerous pylorus. He had sent specimens to different pathologists for examination and had received a variety of opinions, some saying it was tuberculous and some asserting it was cancerous, which was right.

Dr. W. S. Fischel of St. Louis reported an unusual case of disease of the stomach in which there was voluntary vomiting, no pain, and the patient gained in weight. The examination of the stomach was negative. Later on a tumor was felt. He was put on a strict diet for some time; after that he could eat anything. A gastro-neurosis was suspected. He used carbolic acid and morphia. After this the patient took solid food three times a

day, and later on he had pain and the tumor increased in size, and he was not able to take any solid food, and the pain grew excessive. An operation was advised, and the abdomen was opened and a large tumor was found in the pylorus, but nothing could be done, and the patient died.

Dr. William H. Welch of Baltimore, in discussing the diagnosis of Dr. Stewart's case, said that he had examined two nodules, one from the lymphatic glands and the other from the omentum, and the diagnosis seemed clear. It surprised him that it was diagnosed tuberculous by another physician in Philadelphia. He supposed that the follicles must have been mistaken for a tubercle. Notwithstanding this discrepancy the fatal end came. There was no difficulty in making the diagnosis, and the clinical results must make physicians skeptical as to the value of microscopical examinations. He suggested sending specimens to Councilman, Prudden and others, and was glad that they agreed with him. The apparent recovery is interesting. Multiple cancer is explained by being due more to implantation rather than to metastasis. It is due perhaps to contact. The specimen seen at the autopsy was in such a stage of decomposition that it was difficult to make out, but it was clearly an adenoma. There was a diffuse thickening of the anterior wall of the stomach.

Dr. J. C. Hemmeter, Baltimore, who was invited to make a few remarks, spoke of the one in which the gastric secretion was affected by the cancerous growth. He said that Dr. Mall of the Johns Hopkins University had been carefully studying certain cells of the stomach glands, and finds that unless these are affected that the gastric juice is still secreted. These are so-called border cells, and we can sometimes have free hydrochloric acid and a carcinomatous ulcer in the same stomach. Heidenhain and Lange have done much work in this direction, and they say that ulcers in the pyloric region of the stomach do not always have the secretion of hydrochloric acid.

Dr. James Tyson, Philadelphia, referred to a case which he had recently had in hospital, of a man about sixty years old, who complained of great pain and tenderness in the stomach. The matter vomited was acrid, and a tumor was apparent in the abdomen. He was put upon milk diet. When he first came in he lost forty pounds, but after he was given milk diet he improved rapidly, and finally sufficiently recovered to go to work, but the tumor was still apparent and the test meals gave the same results. A certain number of cases of this kind seem to show the presence of free hydrochloric acid, and the matter vomited showed that we must be slow to draw conclusions.

Dr. F. C. Shattuck of Boston said that one remark of Dr. Stewart's showed the workings of the surgical mind. Dr. Keen suggested that the man was not well enough to use a tube, and yet he suggested a surgical operation.

Dr. W. W. Johnston said that the improvement in these cases is so marked that there must be some explanation, and it may be in part that the gastric cartarrh which accompanies these troubles is improved by the treatment. A case of cancer of this kind gets better under treatment and often goes back to solid food and gains flesh, but in the end dies. This goes to show that while our treatment is not curative, it is beneficial.

Dr. D. D. Stewart of Philadelphia, in referring to Dr. Welch's diagnosis of his case, said he thought it was a case of cancer, and treated it as such, and as for the gaining of weight in these cases after treatment, one man went from 110 pounds to 175 pounds.

Dr. F. P. Kinnicutt, New York, said that it was remarkable that even without a change of diet cases improved. In one instance he noticed a gain of twenty pounds, and now the man is getting better.

Dr. E. G. Janeway of New York referred to two cases of gastric carcinoma in which there was a gain of forty pounds after washing out the stomach and proper treatment, but four months later the patient declined, had severe pains, returned to liquid diet and in three months died. The usual diagnostic rule of urea excretion failed in this case; the temperature for eight months was from 101° to 102°. In one case there was also a

change in urea secretion, and the patient, who was in bed, could always take food better sitting up than when lying down, the position probably removing the cancer from contact with the food.

Dr. Charles G. Stockton of Buffalo said that it was remarkable that in some cases of gastro-enterotomy successfully performed there was gain in weight and improvement. There may have been food stagnation, with loss of weight, for if that ceases from whatever cause the patient will gain in weight.

Dr. A. H. Smith, New York, referred to a case of his in the Presbyterian Hospital in which there was the presence of hydrochloric acid, but no lactic acid. The patient was very miserable, so that he could not get out of bed, but on treatment he rapidly grew better and acted as assistant in the ward. He returned to his home and for five months had fairly good health, but later on grew worse and died. Evidently he had a cancer.

Dr. D. D. Stewart said, in conclusion, that his patient was exceptional in that he did not have to go to bed, and he gained sixty-five pounds.

AMERICAN GASTRO-ENTEROLOGICAL ASSOCIATION.

FIRST ANNUAL MEETING, HELD AT WASHINGTON, D. C., MAY 13, 1898.

THE first annual meeting of the American Gastro-Enterological Association took place at the "Shoreham," Washington, D. C., Tuesday, May 3, 1898.

The meeting was called to order by the president, Dr. D. D. Stewart of Philadelphia, who delivered the president's address. He spoke of the importance of this special organization and its relation to internal medicine.

Dr. Julius Friedenwald of Baltimore then read a paper on "A Case of Atrophy of the Stomach." He exhibited a remarkable specimen of this character, in which the atrophy was due to former ulceration. There was also a stricture of the pylorus.

Dr. Frank H. Murdoch of Pittsburg read a paper on "Nervous Dyspepsia," with report of cases. He showed how cases of nervous dyspepsia had frequently variations in their acidity; how frequently in short intervals cases of superacidity were followed by subacidity and *vice versa*. He recommended, besides the proper diet, the use of intragastric electricity and strychnine.

Dr. John C. Hemmeter exhibited "New Instruments for Intubating the Duodenum." The instruments were the ones recently invented by Kuhn of Giessen, as described in the *Archiv für Verdauungskrankheiten*.

The papers of Dr. Manges of New York on "A Case of Acute Pancreatitis and Carcinoma of the Cardia," and of Dr. Charles D. Aaron of Detroit, Mich., on "Precision of Terms in Diseases of the Stomach," were read by title.

The above papers were discussed by Dr. Max Einhorn of New York, Dr. D. D. Stewart of Philadelphia, Dr. Henry L. Elsner of Syracuse, Dr. Julius Friedenwald of Baltimore, Dr. J. C. Hemmeter of Baltimore, Dr. E. G. Cutler of Boston and others.

Dr. D. D. Stewart was elected president for the ensuing year; Dr. Max Einhorn, vice-president; Dr. Charles D. Aaron, secretary and treasurer, and Drs. A. P. Buchman, Henry L. Elsner and Frank H. Murdoch members of the council.

DYSMENORRHEA IN YOUNG GIRLS.—The following method of treatment will be found very serviceable for that class of cases in which the flow is ushered in by severe cramp-like pains, and in which one does not feel justified in proposing a vaginal examination or local treatment of the generative organs: For three or four days preceding the onset of menstruation, says the Montreal Medical Journal, give half-drachm doses of the fluid extract of viburnum prunifolium in hot water three times a day. On the morning of the expected period give a full dose of magnesium sulphate to procure a large fluid motion of the bowels, and, if the pain comes on in spite of this, five-grain doses of antipyrin repeated every two hours for three doses, if necessary, will often relieve it. Any other of the latter class of remedies can, of course, be used in place of the one named.

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BALTIMORE, MAY 14, 1898.

Cuba and Disease.

IF unacclimated troops have to spend any time in Havana and other large places of Cuba in the next few months their most dreaded enemy will be filth and disease. Various and numerous have been the instructions as to how to avoid illness and what precautions to take, but the larger towns in Cuba are already so filthy, and the men will suffer so much from heat and fatigue, added to a natural carelessness, that there will be much illness, and the need of experienced clinical physicians rather than surgeons will be evident.

In a note in a recent number of *Public Health Reports* there is an account of the morbidity and mortality in the Spanish army in Havana and environs during 1897. About 10,000 cases of yellow fever occurred in Havana and Regla, with 2500 deaths, the most of which were in June and July. In other parts of Cuba the mortality was also very great. While smallpox caused a heavy loss, this disease is not to be feared so much by the American troops, as vaccination and revaccination will be insisted on. Another prolific source of danger is from such diseases as enteric fever, the malarial fevers in their various forms, and especially the pernicious fevers and the "caquexia paludica," which are so stubborn and seem to be influenced so little by treatment. Dysentery and enteritis are fruitful causes of much illness and a large mortality.

This report ends by showing that the total mortality of the Spanish army in Cuba in 1897 was over 30,000, of which the principal cause was from enteritis and dysentery, the next from malarial fever, the next from yellow fever, other ailments making up the balance. There are in Havana alone five military hospitals; the largest, Alphonso XIII, having 3320 beds, is built of wood on the pavilion plan on a high eminence outside of the city, far from other buildings, and is in very good condition. Here was the lightest mortality. There are other hospitals in various degrees of perfection, containing respectively 2000, 1500, 1500, 1000 and 900 beds. Most of these hospitals are in the suburbs of Havana and in case of a Spanish defeat would most probably be destroyed. Within Havana itself there are four municipal hospitals, all small and filthy and hardly fit to be used. The island is usually free from yellow fever until the middle of June, when the yellow fever season sets in and continues until the last of October.

Surgeon-General Sternberg, who is not only at the head of the medical and surgical staff of the United States, but is also a man who probably knows more about yellow fever than anyone else, who has had the disease himself and who has studied it during all its phases and in the deadhouse, has given directions which in themselves are excellent, but which will be hard to follow, as few persons, when in health, are sufficiently careful. He has issued circulars of instructions to medical officers showing what heavy responsibilities will rest on their shoulders when an invasion takes place, and has given explicit directions as to the position of the camps, the drinking of water, what to do when yellow fever breaks out, when to march, how to eat, drink and dress and as to the drugs needed. Soldiers of the regular army may be to a certain extent hardened, but the pampered sons of wealthy parents will suffer.

A Cuban invasion will be a hazardous undertaking, and what the army will need is not so much skilled surgeons, but skilled clinicians, and especially physicians who have had much to do with paludic fevers and who have an intimate knowledge of the use of drugs.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 7, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	24
Phthisis Pulmonalis	..	17
Measles	65	2
Whooping Cough	5	2
Pseudo-Membranous Croup and Diphtheria	12	4
Mumps	1	..
Scarlet Fever	9	1
Varioloid	..	..
Varicella	1	.
Typhoid Fever	..	2

There are 4025 medical students in New York.

The Woman's Medical College of New York has been rebuilt.

A German immigrant family was recently sent back from Baltimore because some of the children had favus.

Lassar, the dermatologist, is the president of a new medical club composed of the younger physicians of Berlin.

Dr. W. W. Keen of Philadelphia has delivered the two Cartwright lectures on "The Surgery of the Stomach."

One thousand five hundred and twenty-one medical books were published in Leipzic in 1897 and 1545 in 1896.

The American Orthopedic Association will meet at Boston May 17, 18 and 19. A very attractive programme is announced.

The health authorities of Paris have discovered that spurious antitoxic serums and tuberculin have been sold in that city.

The kinematograph has been used in medicine in Germany in making a diagnosis in certain diseases of characteristic gait.

The choice of Dr. George J. Preston to succeed the late Dr. William Lee as secretary of the State Lunacy Board is quite acceptable to the profession.

Drs. Lee Cohen, Robert E. Garrett, R. L. Felts, E. W. Steever, T. J. Sawabine and W. H. Seton are the medical appointments at Bayview Hospital.

The Pennsylvania State Medical Society will meet at Lancaster May 17, 18 and 19. A large number of papers will be presented.

On account of so much increased work in the Navy Department, the sending of the weekly lists of changes in the medical corps has been discontinued.

Nathan Straus, the New York philanthropist, has presented that city with a complete plant for the sterilization and preparation of milk for the Randall's Island Asylum.

The Baltimore County Association celebrated its first anniversary by a banquet at the Hotel Rennert recently. There was a number of speeches. There are fifty active and a number of honorary members. Dr. Jackson Piper is president and Dr. L. G. Smart, secretary.

London has a Free Home for the Dying, to which applicants are admitted on a medical certificate certifying that they are believed to be dying. During 1897 forty-eight were admitted, of which thirty died, nine were discharged and nine remain. If nine are discharged alive and nine remain alive the institution should change its name or its physicians.

At the meeting of the American Surgical Association, held at New Orleans, the following officers were elected for the coming year: President, Dr. W. W. Keen of Philadelphia; first vice-president, Dr. A. Vandeveer of Albany; second vice-president, Dr. C. H. Mastin of Mobile; secretary, Dr. H. L. Burrell of Boston; recorder, Dr. DeForest Willard of Philadelphia.

According to the daily press, Dr. J. C. Schofield of Orangeville has been elected secretary to the Baltimore County Board of Health vice Dr. F. P. Sappington, salary $550; Dr. A. S. Warner, sanitary officer of Canton, salary $300; sanitary commissioner of Towson, Mr. John B. Longnecker, salary $700, and sanitary officer of Catonsville, Dr. Charles L. Mattfeldt, salary $300.

Surgeons for the regular army are only appointed after an examination. The Surgeon-General of the army has nothing to do with the appointment of medical officers in the volunteer army. Few contract surgeons (acting assistant-surgeons) will be required from present appearances, and of those the immune will be preferred. No female nurses will be sent to Cuba or to hospitals on the Gulf coast.

Washington Notes.

It is said that the Navy Department will have to use civilian physicians, as they have not a sufficient number of navy surgeons to do the work of examining.

Dr. and Mrs. J. Taber Johnson celebrated their silver wedding recently. They were the recipients of many handsome presents and hearty congratulations.

The American Gastro-Enterological Society held its second annual meeting here last week. Several good papers were read. Dr. D. D. Stewart of Philadelphia was re-elected president.

Surgeon-General Sternberg is busy selecting surgeons for the army. He has had almost 1500 applications. A number were appointed this week. The immune physicians will be reserved for the tropics.

The American Association of Physicians held a very successful meeting here last week. The papers were of a kind to call forth much discussion, but some of them were rather long and a few not too well delivered.

The Washington Chemical Society is another addition to the long list of societies in the District. This promising organization holds its regular meetings on Thursday evening at Assembly Hall, No. 1520 H street N. W.

At the Wednesday evening meeting of the Medical Society, District of Columbia, Dr. C. L. Allen presented a paper entitled "Acute Hemorrhagic Encephalitis;" Dr. M. G. Thompson reported a case of hydrophobia; Dr. Burnett, gangrene of eyelids and cheeks, with destruction of eyeballs from a bite of a man, and Drs. Acker and Stone reported other cases, with specimens.

Owing to the established quarantine at Freedman's Hospital, on account of smallpox, the regular graduating exercises of the Training School for Nurses could not be held, but on Thursday evening an informal programme was observed and the graduates received their diplomas. The class was composed of the following: Sarah J. Ennies, Edith M. Carter, Priscilla Santon, Lillie M. Lundy, Carrie M. King, Clara E. Whitson, J. Ella Valentine, Isabella Vender, Florence Bennet, Ruby E. Russell, Martha T. Cadaniss, Emelia E. Robinson, Mary J. Hurlong, Grace E. Anthony, Mary R. Gaines and Annie M. Davis.

Book Reviews.

HARE'S PRACTICAL DIAGNOSIS. The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Laureate of the Medical Society of London, of the Royal Academy in Belgium, etc. New (2d) and revised edition. In one octavo volume of 598 pages, with 201 engravings and 13 full-page colored plates. Cloth, $4.75. Philadelphia: Lea Brothers & Co., Publishers.

This second edition has appeared so soon after the first one that little time has been given the author for a thorough revision. After a chapter on general diagnostic considerations, the author divides the book into parts, the first one of which takes up the manifestation of disease in the organs, and in this he considers in order the head, face, hands, arms, feet and legs, and so on through all the organs and members in rotation. In the second part he takes up the manifestation of disease by symptoms. This order is rather unusual and original. In the second edition he has combined the two indexes in one, which simplifies matters. This is intended as a companion work to his "Practical Therapeutics," and both will be of great assistance to the student and occasionally help the physician. There is, however, to the advanced physician a certain amount of doubt as to the value of such works, and indeed, when a difficult case does present itself, it is too often found that it is too unusual to be noticed in such a work as this. Such books, while perhaps of service in assisting clinical work, are in themselves rather misleading unless to the bedside student. Dr. Hare's work has taken a place which shows its value, and few writings of its kind compare with it in clearness and good expression. To a teacher in a large medical school there is always the temptation of turning out works for a ready sale to a large class of students, and also for frequent new editions which have not had sufficient revision.

THE ESSENTIALS OF EXPERIMENTAL PHYSIOLOGY. For the Use of Students. By T. G. Brodie, M.D., Lecturer on Physiology, St. Thomas's Hospital Medical School. London, New York, and Bombay: Longmans, Green & Co., 1898. Pp. xiv–231.

This little laboratory manual has been written to give a short account of those experiments which can be carried out by students during classes, together with a selection of ex-

periments suitable for class demonstrations. The illustrations are numerous, and for the most part new. This will be a very helpful book in the physiological laboratory, especially when there is no teacher near at hand.

REPRINTS, ETC., RECEIVED.

The Preparation and Testing of Diphtheria Antitoxine. By George W. Cox, M. D. Reprint from the *Journal.*

Note on the Repair of Wounds of the Ureter. By Randolph Winslow, M. D. Reprint from the *Annals of Surgery.*

Umbilical and Ventral Hernia. By William H. Wathen, M. D. Reprint from the *American Journal of Obstetrics.*

Abdominal Incision for Ascites. By B. Merrill Ricketts, Ph.B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

A Perfected Series of Test-Type. By Charles A. Oliver, A.M., M.D. Philadelphia: Wall & Ochs, 1702 Chestnut street, Philadelphia.

The Climate of Atlantic City and Its Usefulness in Disease. By William E. Daniel, A.B., M.D. Reprint from the *Therapeutic Gazette.*

On the Disappearance of Endocardial Murmurs of Organic Origin. By J. H. Musser, M. D. Reprint from the *British Medical Journal.*

Excision of the Coccyx for Fracture and Necrosis. With Report of Four Cases. By Edward N. Liell, M.D. Reprint from the *Medical News.*

Amblyopia from Suppression, Congenital Imperfection or Disuse; Which or All? By Leartus Connor, A.M., M.D. Reprint from the *Journal.*

Treatment of Intraligamentous and Retroperitoneal Uterine Myomata. By William H. Wathen, M. D., LL. D. Reprint from the *American Gynecological and Obstetrical Journal.*

Clinical History of a Series of Operative Procedures for the Cure of Cicatrical Ectropium from Antral Disease. By Charles A. Oliver, A.M., M.D. Reprint from the *University Medical Magazine.*

Some of the Inefficiencies of the Methods Ordinarily Employed by Railway Surgeons for the Detection of Subnormal Color-Perception (Color-Blindness). By Charles A. Oliver, A.M., M.D. Reprint from the *Annals of Ophthalmology and Otology.*

Current Editorial Comment.

SPECIAL HOSPITALS.

New England Medical Monthly.

The contrast between medicine and surgery of today and twenty-five years ago emphasizes strongly the value of special hospitals and special training. Even the advances which have been made in general internal medicine and general surgery must be thus accredited, because they have largely come from general practitioners and surgeons, who have specialized these branches by cutting off largely from their consideration the many classes of disease more commonly treated as specialities, and their hospital practice has in reality been a special one.

THE PHYSICIAN'S CHARACTER.

Evening Post.

Their opportunity is unique, but their influence and assistance in the history of our households is a great testimony to the sympathy and patience and large-hearted comprehension of man with and for his fellow-man in this urgent, crowded, self-seeking age of ours. Human brotherhood, which has no name or guild, is vitally alive among our doctors. Sleepless nights and anxious days, hours of tense apprehension, the exertion of almost superhuman ingenuity to relieve pain, mark the going to and fro of many a quick-moving "buggy" in our busy streets, and if one in a thousand is so fortunate as to acquire wealth as the result of his practice, let us rejoice for him.

SEX DETERMINATION.

Medical Record.

If the reports to the daily press are to be credited, the long-promised and much-advertised book by Schenck of Vienna, on the determination of sex, is a fake of the purest order. The book was published on April 28. The entire question, in the opinion of Dr. Schenck, appears to be one of the varying proportions of albumin and of sugar in the organism of the mother, and therefore boys or girls may be turned on or off at will by simply regulating the amount of carbohydrates in the diet of the mother. It appears that an excess of sugar favors the female sex, so that science comes to the support of sentiment, and we find that the sweet creatures have a physiological right to their appellation.

Medical Meetings.

MAY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	..	..	..	..
..	..	..	..	..	..	..

JUNE						
S	M	T	W	T	F	S
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	..	..
..	..	..	..	..	..	..

JULY						
S	M	T	W	T	F	S
..	..	..	..	..	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	..	..	..	..	..	..

The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

May.

ASSOCIATION OF AMERICAN PHYSICIANS. Annual meeting at Washington, D. C., May 3, 4 and 5, 1898. F. C. SHATTUCK, M. D., President, 135 Marlborough St., Boston, Mass. HENRY HUN, M. D., Secretary, 149 Washington Ave., Albany, N. Y.

AMERICAN NEUROLOGICAL ASSOCIATION. Annual meeting at Washington, D. C., May 4, 5 and 6, 1898. M. ALLEN STARR, M. D., President, 22 W. 48th St., New York City. GRAEME M. HAMMOND, M. D., Secretary, 58 W. 45th St., New York City.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May 16, 17 and 18, 1898. THOS. R. FRENCH M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

State Societies.

April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. R. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(*Continued on page* xvi.)

MARYLAND
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Original Articles.

THE VAGINAL OPERATION FOR EXTRA-UTERINE PREGNANCY.

By William S. Gardner, M.D.,

Associate Professor of Gynecology, College of Physicians and Surgeons, Baltimore.

READ AT THE ONE HUNDREDTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29 INCLUSIVE, 1898.

Cases of extra-uterine pregnancy which have been operated upon by the vaginal route may be classed in four divisions:

1. Cases in which rupture has taken place, but the active hemorrhage has stopped.

2. Cases in which rupture has taken place and the active hemorrhage continues.

3. Unruptured cases.

4. Operations undertaken for the extraction of the child at full term.

The following cases belong to those of the first division:

Case 1.—M. G., aged thirty-seven, mother of seven children. The last child was born in July, 1895, and nursed until the last of July, 1897. Her menses were regular from the time of confinement until about the first of July, when the period was three days over time. She then began to bleed freely, and continued to do so until admitted to the hospital August 7, 1897. During all this time she complained of pain, which was greatest on the left side, but there was no history of the extremely severe pains so commonly associated with rupture of an extra-uterine pregnancy.

The uterus was found to be enlarged and pushed forward, the cervix being close to the symphysis. Behind the uterus was a large fluctuating mass completely filling Douglas' cul-de-sac and extending above the brim of the pelvis. A little blood was still coming from the uterus.

A diagnosis of ruptured extra-uterine pregnancy was made. Since the rupture had evidently taken place five or six weeks before admission to the hospital, and there seemed to be no immediate danger, the operation was postponed until the next day.

August 18 the patient and instruments were prepared for both vaginal and abdominal operations. The uterus was curetted and then free incision was made through the posterior vaginal wall. A considerable quantity of fluid blood at once poured out. The fingers were then inserted through the opening and a large quantity of clots turned out. The cavity extended into both broad ligaments, but more deeply into the left one.

No fetus was found, but chorionic villi were found in some of the *débris* removed from the left side. The cavity was loosely packed with iodoform gauze. This was removed in forty-eight hours and not replaced. As soon as the patient recovered from the anesthetic she expressed herself as feeling much better than at any time during the past six weeks. Her convalescence was absolutely uneventful. She left the hospital ten days after the operation.

Case 2.—Mrs. S., aged thirty-two, II-para; the last child was born November 14, 1896, and was nursed only two weeks. She menstruated regularly until October 29, 1897. During the latter part of November she had some nausea, and her menses not coming on at the regular time she suspected that she was preg-

nant. About December 5 she began to bleed some, and on December 8 she sent for Dr. W. E. Miller, and complained of the continued bleeding and more than the usual amount of pelvic pain. The pain and hemorrhage continued more or less until early in January. Just about one month after the symptoms began a tumor was noticed rising from the pelvis above the brim and plainly felt through the lower part of the abdominal wall. During this month her temperature was continuously a little above normal. The pain had continued, and when severe had been controlled by morphia.

I saw the patient on the evening of January 8. She then had a tumor, with clearly-defined outlines, rising from the pelvis and more prominent on the right side, extending half way to the umbilicus. By the vagina it was found that the uterus was only slightly enlarged and pushed forward close to the pubes; the pelvis was apparently filled with a tense mass that fluctuated but slightly.

It was perfectly clear that we had to deal with a tumor containing fluid that could be relieved only by operation, and that the most advantageous method was by the vagina. The next morning, under anesthesia, a long incision was made into the posterior vaginal wall. This incision was enlarged by the fingers and a large quantity of fluid and clotted blood evacuated. The cavity was packed with sterilized gauze. There is little to note of the convalescence. Some difficulty was encountered in keeping the incision freely open for drainage, but this was accomplished, and the patient made a very satisfactory recovery.

Case 3.—Mrs. F., aged thirty-five; no children at full term; three miscarriages, each about the second or third month of gestation, the last miscarriage about March, 1896. Her last regular period was December 15, 1897. The flow came again January 15, and continued during the remainder of the month and through February, but she did not call her family physician, Dr. Zepp, until March 5. During all this time she continued to have periodical attacks of pain, and suffered considerably from time to time with distension of the intestines. At this time Dr. Zepp found a lump just above Poupart's ligament, which was elongated about the size of the fist and parallel with the right ligament. The pelvic structure examined by the vagina were very sensitive to pressure, and a soft tumor was felt posterior to the uterus. Dr. Zepp attended her alone for two weeks. In these two weeks she had much pain on defecation, but was able to urinate with but little difficulty except for a slight burning.

March 18 the patient was seen by Dr. Chambers, who made a diagnosis of ruptured extra-uterine pregnancy. Through him I saw the patient, with Dr. Zepp, March 19. The general condition of the patient, so far as pulse, temperature, respiration and appearance went, was good. She was still bleeding a little and had had a severe attack of pain early that morning, which had been controlled by morphia. The abdomen was so much distended by inflated intestines that a satisfactory examination could not be made without anesthesia.

She was at once put under an anesthetic, and the uterus, about normal in size, was found pushed firmly against the pubes. A large, fluctuating mass filled the pelvis and extended from above the pelvic brim. The portion extending into the abdominal cavity had a clearly-defined outline.

A long incision was made in the posterior vaginal wall, and about a quart of blood, mostly fluid, was evacuated. The opening made was sufficiently large to admit three fingers. The clots were removed and the cavity packed with a large piece of sterilized gauze. This gauze was removed by Dr. Zepp at the end of forty-eight hours and not replaced. Dr. Zepp had charge of the patient during her convalescence, which was perfectly satisfactory. She was out of bed in two weeks.

Case 4.—Mrs. C., aged thirty-one; has had three children and four miscarriages. The last three pregnancies terminated in miscarriages, the last one occurring in April, 1897. From that time her menses were regular up to February 5, 1898, the date of her last regular period. On March 26, just seven weeks after the period, she began to have some pelvic pain,

and on the 27th a discharge of blood made its appearance. From this date until I first saw her, April 21, a period of nearly four weeks, she had a constant but not profuse flow of blood from the vagina, had suffered almost constantly from pain and had been confined to the bed nearly all the time.

Upon examination it was noted that the patient was thin and anemic; the pulse was rapid, but there was no rise of temperature. A tumor with a clearly-definable upper boundry, more prominent on the right side, rose in the median line five inches above the pubes. The enlarged uterus was forced forward and upward, while behind it a large, fluctuating tumor was felt. Dr. Hayden, the attending physician, assured me that the tumor in the lower part of the abdomen had been present only three or four days. A diagnosis of ruptured extra-uterine pregnancy was made.

April 22, under anesthesia, a long incision was made in the posterior vaginal wall and a large quantity of clotted and fluid blood evacuated. The cavity was packed with a large piece of sterilized gauze. This gauze was removed on the 24th. I saw the patient this morning, April 26; her temperature was normal and she is rapidly improving. I see nothing to prevent her from making a prompt and complete recovery.

In the *American Gynecological and Obstetrical Journal* for 1896 Dr. Kelly reported thirteen cases of ruptured extra-uterine pregnancy upon which he had operated through the vagina. In a part of these cases he had attempted to relieve the condition by operation through the abdominal wall, but was forced by consideration of the safety of the patient to abandon the abdominal and substitute the vaginal operation.

In the *Journal of the American Medical Association* for December 25, 1897, Dr. Bovée reports six cases operated upon by the vaginal route and all of which recovered.

Both Dr. Kelly and Dr. Bovée operated upon cases where the rupture had taken place some days before the date of operation and when the active hemorrhage had ceased. They operated by opening through the posterior vaginal wall, turning out the clots and packing with gauze. If an operation is to be judged by the results achieved, then certainly this is a good operation.

Elischer of Budapest, up to the time his report was made in 1895, had done five vaginal operations for ruptured extra-uterine pregnancy. In the *Centralblatt für Gynäkologie*, 1895, an abstract of the report of two of these cases is given.

Case 1.—Aged twenty-nine years; II-para, the first child having been born seven years previously. The operation was at the third month of pregnancy. There was severe hemorrhage on account of cutting through the placental site. This patient suffered from iodoform poisoning from the iodoform gauze used in packing the cavity, but finally recovered.

Case 2.—Aged twenty-five years; III-para; was also in the third month of pregnancy. The clinical picture was one of retro-uterine hematocele. On account of its position the placenta could not be removed, and after the extraction of the fetus the cavity was tamponed with iodoform gauze. The placenta came away in about three weeks. The patient made a complete recovery.

Elischer prefers the vaginal to the abdominal operation in cases where much blood has been lost.

Martin, in the *British Medical Journal*, mentions having removed an extra-uterine pregnancy by vaginal operation, and refers to one by Kassman.

Dührssen progressed from his operation for vaginal fixation of the retroflexed uterus to the removal of small fibroids from the body of the uterus. Finding this latter a practical operation, he undertook the removal of tubal pregnancies by the same route.

Both cases reported in 1895 were ruptured, and one had a large quantity of blood free in the abdominal cavity. He made a transverse incision through the anterior vaginal wall, opened the peritoneum, then enlarged the opening by a longitudinal incision. He then pulled the body of the uterus downward and forward through the incision and brought into view the impregnated tube. Then

a ligature was passed around the tube near the uterus; another ligature secured the broad ligament beyond the tube. Ligatures were then placed to constrict all that portion of the broad ligament not included in the first two, and the tube was removed. The uterus and healthy adnexa were replaced; the wound in the vaginal wall was sutured. Both patients promptly recovered. There was little shock and the convalescence was rapid.

Fenger, in speaking of the vaginal operation after the completion of the full term of pregnancy, says the operation may be considered in all cases where the fetus is located so deeply in the retro-uterine fossa that it forms a prominent tumor in the posterior wall of the vagina, but should not be done when the placenta is located behind the posterior vaginal wall, on account of the danger of hemorrhage when the incision is made through the placenta.

It is estimated that in about 10 per cent. of the cases the location is so low down as to make the vaginal operation possible.

In 1841 Campbell reported nine cases operated upon by the vaginal method, with five living mothers and four living children. At that time laparotomy with living or recently-dead children had a maternal mortality of 100 per cent.

In cases where the sac has been transformed into an abscess cavity Fenger strongly recommends a vaginal operation. In eleven such cases cited by Herman there were nine recoveries and only two deaths.

I have been able to find a record of but one recent case of unruptured tubal pregnancy removed by vaginal section. This operation was done by Donald and reported in the *British Medical Journal*, 1896, p. 79. He was induced to do the operation because the patient was a gymnast and he feared that an abdominal section would weaken the abdominal wall. He states that "the convalescence was only remarkable by reason of the little disturbance caused by the operation."

The above references to cases belonging to the second, third and fourth divisions are given merely to point the way to the possibilities to be obtained by the vaginal route, not to recommend these operations as one that are at all firmly established.

But with the cases in the first division it is quite different. While it is true that the number of cases that has been reported is small, the uniform success achieved by all operations is the best index that it is a practical method.

BIBLIOGRAPHY.

Fenger, *American Journal of Obstetrics*, 1891, XXIV, p. 418.

Donald, *British Medical Journal*, 1896, January 11, p. 79.

Dührssen, *Centralblatt für Gynäkologie*, 1895, No. 15.

Martin, *British Medical Journal*, 1896, January, p. 10.

Kelly, *American Gynecological and Obstetrical Journal*, 1896, Vol. IX, p. 129.

Reynolds, *American Gynecological and Obstetrical Journal*, 1896, Vol. IX, p. 598.

Elischer, *Pester Medizinish-Chirurgische Presse*, Budapest, 1893, Vol. XXIX, p. 1161.

Elischer, *Centralblatt für Gynäkologie*, 1895, p. 855.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

By W. T. Councilman, M.D.,
Shattuck Professor of Pathological Anatomy, Harvard University Medical School.

THE ANNUAL ADDRESS BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AT ITS ONE HUNDREDTH ANNUAL SESSION, APRIL 26 TO 29, 1898.

(*Continued.*)

But little is known about the transmission of the disease. The cases are rare in which it seems to have been directly transmitted from one individual to another. In most of the epidemics the cases have been scattered and the manner in which infection occurred has not been ascertained. In the literature are a few accounts in which several members of the same family have been attacked, and in a few instances the disease seems to have been transmitted by the use of infected clothing. A map of the city of Boston, giving the location of the cases, shows them to have been very generally distributed over the city with two exceptions. A number of the cases came

from two foci—one in the neighborhood of the Massachusetts General Hospital and one near the harbor. In both of these places the population was dense and the hygienic conditions not of the best. Even here generally but one member of a household was affected. In one case a mother was attacked two days after the death of her child from the fulminating form. In two cases more than one member of the same family were affected, and in one case it was said that several children in the neighborhood had died of brain fever.

In a question of the probability of transmission of an infectious disease we should consider the location of the disease and the ways in which the organism causing it can pass from the lesions of the disease to the outside; further, the viability of the organisms and their possibility of leading a saprophytic existence. The lesions of meningitis are chiefly in the meninges of the brain and cord and confined to these organs in most cases. While located in the meninges, there is little or no opportunity for the organism to infect the outside. In a certain number of cases there are lesions in the lungs, ears and nose, in which large numbers of organisms are present and from which an infection of neighboring objects or persons could easily take place. The organism, as far as we have been able to tell from its behavior in culture media and in the tissues, has a feeble vitality and would not be capable of leading a saprophytic existence. In the report on the bacteriology of the disease will be found some observations bearing on the vitality of the organism producing it when subjected in pure culture to various external conditions. Still, it must be remembered that we cannot reproduce artificially all the conditions which organisms might find in nature. It is certain that the disease is an infectious disease and is produced by a definite micro-organism. This organism increases in the body of the affected individual, and in a certain number of cases may infect his surroundings, and may in a manner which we do not know be conveyed to the tissues of a susceptible individual and there produce the disease. Why this takes place in some cases and not in others, and the conditions under which it takes place, we do not know. The evidence, on the whole, is not conclusive that the disease is incapable of being transmitted from one individual to another.

We have been able to find but little in the literature bearing on the subject of immunity in this disease. North, in his description of individual cases, gives one undoubted case in which there was an attack twenty-five months previously. Another case had the disease in August, 1808, and was again attacked in May, 1810. Herman and Kober report that a girl who had the disease in May, 1886, died in the second epidemic the following year. Lowry reports a second attack three weeks after apparent recovery. Warshauer reports a case in a woman who had the disease in an epidemic five years previously. From the fact that second attacks are so rarely mentioned it would appear that a relatively high degree of immunity must be conferred by a single attack. In the present epidemic there was no history of a previous attack in any of the cases.

The question of the appearance of sporadic cases is an interesting one. The accounts of epidemics show that they are not of short duration. In the table given of the cases observed by Leichtenstern in Cologne it will be seen that from 1885, which marked the epidemic, there was a varying number of cases until 1892, with an exacerbation in 1888. Strümpel and other observers say that sporadic cases occur in greater numbers in the years preceding and following an epidemic. I have found but one report in which the diplococcus intracelluraris, the organism of the epidemic meningitis, was found in a typical sporadic case.

In going over the literature of the disease we find a great many reports of sporadic cases, some of them of single, others of multiple cases. Of course, it is very difficult to say whether these cases were of the epidemic form or some one of the other forms. Neither the clinical history nor the autopsy without cultures is absolutely conclusive. In going over the clinical histories of large numbers of

cases one receives an impression of the epidemic form which differs somewhat from that of the pneumococcus form and the streptococcus form, but the clinical history alone is not conclusive. Autopsy accounts would be more conclusive had they been accompanied with cultures or even with careful histological investigations. The importance of combined clinical and pathological investigations is very evident in going over these reports. There are careful clinical histories given, with imperfect accounts of autopsies and without bacteriological investigation, and in those cases in which the latter were carried out the clinical histories were either absent altogether or very meager.

In the reports of these sporadic cases it may be generally assumed that the recoveries were of the epidemic form. So far we have not been able to find a case which certainly could be regarded, from the accompanying pneumonia or endocarditis, as pneumococcus meningitis, which has recovered. Of course, there is a certain number of cases of pneumococcus meningitis in which the affection of the meninges is primary, and it is impossible to say with regard to these cases whether there are any recoveries among them. In the same way there are no recoveries noted from cases of meningitis secondary to thrombosis of the lateral sinuses or disease of the middle ear. Those sporadic cases which have been followed by eye and ear lesions are probably the epidemic form and due to the diplococcus intracellularis. In going over the cases of meningitis which have occurred in the City Hospital in the five years previous to the appearance of the epidemic, and in which bacteriological examinations were made at the post-mortem examination, no cases due to the diplococcus intracellularis were found. This matter of the relation of sporadic cases to the epidemic form is one of the greatest importance, and can only be determined by a careful bacteriological examination of the organs of the cases which die and bacteriological examination of the fluid obtained from the spinal puncture in all cases. It seems probable that there must be a large number of sporadic cases of epidemic meningitis constantly occurring, which, under certain conditions, the nature of which we are not aware of, may so increase in number as to form an epidemic. Nothing can be learned with regard to these cases from an examination of the mortality tables. One gets the impression from such tables that the disease is very frequently not recognized when it occurs, and that many cases are reported as meningitis which are not so. The large percentage of cases under one year in such tables shows how unreliable they are.

The organism which can now be regarded as the cause of epidemic cerebro-spinal meningitis was first described by Weichselbaum in 1887. Before that what was probably the same organism had been described by Leichtenstern and Schwabach. The most important confirmation of Weichselbaum's discovery was made by Jäger in 1895. Since then the organism has been found in a number of small epidemics of the disease. The organism is a micrococcus of about the same size as the ordinary pathogenic micrococci, and appears in diplococcus form as two hemispheres separated by an unstained interval. It stains with any of the ordinary stains for bacteria and is decolorized by the Gram method. There is considerable irregularity in staining, some organisms being brightly stained, others more faintly. There may also be considerable variation in size, and the larger organisms stain imperfectly. These variations in size and staining appear to be due to degeneration and are more common in old than in fresh cultures.

In cultures the organism does not give a profuse growth on any medium. I have found the blood-serum mixture of Loeffler the best adapted for its growth. In all cases a large number of organisms appear to be dead, or at least they do not grow. In no case was it possible to obtain a continuous growth over the surface. Even when a large quantity of an exudation, which on microscopical examination contained large numbers of the organisms, was smeared over the surface only single colonies would develop. The

same was true in transplanting colonies; in the place of a streak, single colonies would develop in the line of the needle. To be sure of obtaining growth it was necessary to make a number of cultures, using large amounts of the material investigated. To keep pure cultures going transfers were made daily and four or five tubes inoculated. On some of them the growth would usually fail.

In no case were the diplococci found except in connection with the lesions of the disease. So far as could be learned from cultures of blood, liver, spleen and kidneys which were made at each post-mortem examination it never produces septicemia. It is possible that it may occasionally have been present and not grown on the cultures. The results of inoculation show that the organism has but feeble pathogenic powers for rabbits and guinea pigs. All of the inoculations made in the subcutaneous tissues were negative. More successful results were obtained from inoculations into the peritoneal and pleural cavities. Inoculations made into the spinal canal in rabbits, guinea pigs and cats in all cases gave negative results. Out of a large number of inoculations made into the peritoneal and pleural cavities only six guinea pigs died. The only successful inoculation resulting in the production of a typical meningitis was made on a goat. This animal was inoculated in the spinal canal with one cubic centimeter of a bouillon suspension of a pure culture of the diplococcus from an acute case at the Massachusetts General Hospital. The inoculation was made in the afternoon, and the animal was found dead the next morning at 10 o'clock, having evidently been dead for several hours.

Lumbar puncture was performed in sixty-six cases, and in some of these several punctures were made. Diplococci were found either on microscopical examination or in cultures in forty-six cases. In twenty of the cases they were absent. The average duration of time from the onset of disease before spinal puncture was made was seven days in the positive cases and seventeen days in the negative cases. The longest time after onset in which the puncture was positive was twenty-nine days. The negative cases were most numerous in the early part of the epidemic, before we had realized how difficult it was to obtain cultures of the diplococci in all cases. When but few organisms were present they could easily be missed on microscopical examination, and even when present in large numbers cultures made in the usual way, by spreading a loop full of the exudation on the surface of the medium, frequently showed no growth. Toward the last of the epidemic there were no negative results when the spinal puncture was made early and the tubes inoculated with a large amount of material. The character of the fluid obtained varied greatly. In some cases, even when diplococci were found in it, it was almost clear, showing only a slight turbidity when held before a dark background. In most of the cases where the puncture was made early in the disease the fluid was turbid, in some almost like pus, and in twenty-four hours a large sediment formed in the bottom of the tube. When the fluid was most turbid there was little or no formation of fibrin; in some cases the fluid became gelatinous on standing, from the abundant formation of fibrin. We have not considered those cases in which no fluid was found and those in which pure blood was obtained.

Interesting results were obtained in those cases in which several spinal punctures were made during the course of the disease. In these cases there was found a diminution in turbidity, often accompanied by absence of organisms in fluids withdrawn last. In one chronic case three punctures were made, one before, one after and one during an exacerbation. In the fluid obtained before and after the exacerbation no diplococci were found. The fluid obtained by the puncture during exacerbation was more cloudy and contained diplococci.

Microscopical examination of the fluid agreed perfectly with the character of the lesions in the meninges. In the fluid obtained in early punctures two to three days after the onset almost the only cellular elements were polynuclear leucocytes. Later the large epithelioid cells of the meninges were found among the pus cells,

often enclosing them. A small number of lymphoid cells were found in many cases and were numerous in the chronic cases. The number of diplococci found on microscopical examination varied greatly. In some cases they were so numerous that in every field several cells containing them were found; in other cases they were found only after prolonged search for them. They were occasionally found in the fluid, their presence here being probably due to the rupture of pus cells containing them in making the preparation. They were only found in the polynuclear leucocytes.

No ill effects were seen from spinal punctures. A note in the history of one case says the patient became very much quieter and slept after the operation. Too much cannot be said of the importance of the procedure in making the diagnosis of the disease. There should always be a microscopical and bacteriological examination of the fluid obtained, in order to determine what organism is present. If the puncture be made early enough there need be no difficulty in distinguishing the organisms and the character of the meningitis. Acute meningitis may be due to a variety of organisms, and it is important to know which is present, for this has an influence in making the prognosis, and in the future it may be of importance in influencing the treatment. By this means the character of the meningitis in sporadic cases can be established, for there is a great lack of definite information about these cases.

Post-mortem examinations were made in forty-three cases. The lesions of the disease may be divided into those affecting the meninges, those affecting the tissues of the brain and cord, those affecting the nerves and those affecting distant organs. The pathological process in the meninges consists in inflammation with purulent, sero-purulent and fibrino-purulent exudation. The character of the lesions is greatly influenced by the duration of the disease. In the most acute cases there is very little exudation. The blood-vessels of the pia-arachnoid are injected; not only do the large blood-vessels appear as red lines, but the entire surface of the brain may have a pinkish hue, due to the injection of the smaller vessels. The exudation appears in yellowish lines in the sulci along the vessels and in some cases there is little more than slight cloudiness.

In the more advanced cases those dying from five to twelve days after the onset the amount of exudation is much greater and it contains more fibrin. There may be a great amount of it at the base of the brain and the medulla may be embedded in it. In the chronic cases in which death takes place two weeks or more after the acute onset, in the place of an acute inflammation there is a dense and general thickening of the meninges. The meninges along the vessels are thickened and whitish; there is little evident exudation, yellowish circumscribed foci scattered here and there marking the remains of it. In one of the most chronic cases, in which the duration of the disease could not be ascertained with certainty owing to the mental condition of the patient when he was brought into the hospital, the appearance simulated that of general paralysis. In another case of more than a month's duration, in addition to a general thickening of the meninges the entire medulla was so embedded in a dense mass of connective tissue that it was difficult to remove it.

The cord is always affected to a greater or less extent, and in some cases the lesions in the cord were more marked than those in the brain. In the acute cases the injection of the inner meninges is not so marked as in the brain, but there is intense injection of the dura. The amount of fluid in the sub-arachnoid space is greatly increased, and a large amount escapes on opening this. The fluid is cloudy and may contain flocculi of fibrin and pus. The exudation is always most marked along the posterior surface of the cord, and may be found here in large amount, while the anterior surface may show only cloudiness and injection. All parts of the cord are not affected to the same degree; there is usually more exudation along the dorsal and lumbar cord than along the cervical, though the reverse of this was often found.

The lesions of the tissue of the brain

and cord varied greatly in the different cases. There were few lesions to be made out by the naked-eye examination. Microscopically there were small hemorrhages and foci of cellular infiltration at various places. Both in the vicinity of these foci and at a distance active proliferation of the neuroglia cells was found. In some places, particularly in the cerebellum, the acute inflammation in the meninges extended into the cortex, producing softening and purulent infiltration. The cranial nerves were affected to a greater or less degree in all cases. The nerves most affected were the second, the fifth, the seventh and the eighth. The nerves were embedded in the exudation which extended along them. On section they were swollen and reddened. The Gasserian ganglia were removed in a number of cases, and in all they were found swollen and softened. The olfactory bulbs were in some cases slightly swollen. The exudation could often be followed along the seventh and eighth nerves into their foramina. The spinal nerves were also affected. The nerve roots were embedded in the exudation and the spinal ganglia red and swollen. The exudation around the nerves was often particularly prominent around the nerves of the cauda equina.

The only remote organ in which lesions directly due to the action of the diplococcus intracellularis was found was the lung. In nine cases pneumonia due to this organism was found. The lesions in the lung consisted of areas of consolidation in various parts of the lung, more particularly in the lower lobe, and they were most numerous beneath the pleural surface. The foci varied in size from a pin's head up to that of a bean, and on section some of them resembled small hemorrhages in the tissue. In other cases the periphery of the area was distinctly hemorrhagic and the center opaque and yellowish. The number of these areas varied. In some of the cases but few were found, in others they were numerous. In one case the consolidation in the lungs was so extensive that it might easily have been regarded as croupous pneumonia, particularly as the pleura over it was covered with a definite fibrinous exudation. On section the large area was composed of a number of irregular grayish foci, with softened centers and with hemorrhagic and edematous tissue between them.

The lung tissue in the yellowish centers was frequently broken down, and pus oozed from this. The bronchi in these places contained more or less muco-purulent material, but there did not seem to be that relation between the bronchi and the areas of consolidation which is found in broncho-pneumonia.

On microscopical examination fibrino-purulent inflammation was found, with immense numbers of the diplococci in the pus cells of the alveoli. The duration of the disease in the cases in which the diplococcus was found in the lungs was, in two cases, three days; in one case, two days; in two, five days; in one, nine days; in one, twenty-three days; one, seventy-four, and in one the duration was unknown. The average duration was fifteen and one-half days. It will be seen from these figures that the lung complications due to the diplococcus can take place in almost any period of the disease. In the case of seventy-four days' duration the lesions in the brain and cord could be regarded as almost completely healed and the lesions in the lung were acute. In one case, in which the apparent history of the disease was only of two days' duration, the lung lesions were so advanced that they seemed possibly to antedate those of the brain, providing the history as given by the patient's relatives was accurate.

The other organs presented little of importance. There was great variation in size of the spleen. In general it is not much enlarged, and is probably smaller than in most of the acute infectious diseases. The average weight in the cases in adults was 163 grammes, which is but slightly above normal. In uncomplicated cases the lymphatic glands were never found enlarged. Both liver and kidneys showed a varying degree of parenchymatous degeneration. The intestinal canal was normal. In two cases pericarditis was found, combined in one case with foci of necrosis extending into the myocardium. Both of these cases were

negative for micro-organisms both on cultures and microscopical examination of the tissues. It is possible that both these cases were due to the meningeal organism, which for some reason did not grow in cultures. Martin has recently reported a case of acute endocarditis in which the diplococcus was found.

According to the course of the disease the cases could be divided into three classes—the acute, the chronic and the intermittent. In the acute should be reckoned those cases in which the active symptoms last not more than fifteen days. In the fulminating type those cases should be included which are fatal within forty-eight hours from the onset. The chronic form includes those cases in which the symptoms from the beginning are not so active, and in which during the course of the disease there are remissions and exacerbations. The intermittent form is founded mainly on the character of the temperature. In this there may be complete intermissions of the temperature with or without abatement of the other phenomena. It would seem probable, from some results which have been obtained from spinal puncture, that the exacerbations in this type correspond to multiplication and fresh invasions of the organisms causing the disease, they having previously been quiescent.

(To be continued.)

A CASE OF UREMIA WITH TOTAL SUPPRESSION OF URINE.

By T. Chalmers Peebles, M.D.,
Lutherville, Md.

READ BEFORE THE BALTIMORE COUNTY MEDICAL SOCIETY, APRIL 21, 1898.

Mrs. ——, aged forty-two, mother of three grown children. Out of a family of eleven members she and her sister were the only survivors, the rest having died of consumption.

January 12, 1898, I was called to see Mrs. —— for a severe cold on her chest which had lasted for a week and was accompanied by rusty expectoration. On examination I found dullness under both clavicles and under the right scapula. The trouble in the apices of the lungs I took for chronic tubercular deposits, and that under the right scapula as recent congestion, which, after a few days' treatment, appeared to clear up, and on the 22d of the month her husband called to say his wife was up and feeling much better; but on the 24th I was telephoned to come in haste. I found the patient had come downstairs to breakfast and was assisting her daughter to wash the china when she suddenly cried out: "I feel so strange!" and fell in a convulsion on the floor.

Her husband carried her up to bed and I saw the patient within half an hour, when the following conditions were found: She lay on her back completely unconscious, her head turned and face resting on the right cheek, countenance pale, eyes closed, left eyelid twitching, pupils widely dilated, froth issuing from mouth at each spasm. At first it was colored yellow from the egg she had taken for breakfast. The mouth was drawn to the right side and the right sterno-cleido-mastoid muscle was tense. Both forearms and hands were drawn up on the chest under the chin, and fingers clinched and twisted with each paroxysm. Feet and legs were extended, but occasionally drawn up suddenly and again extended, until the toes touched the footboard of the bed. Respiration was irregular—sometimes 60 per minute and then again almost coming to a standstill; heart's action tumultuous; pulse from 80 to 200 per minute; temperature 101°. The entire body remained all the time in a profuse perspiration; bowels constipated, bladder empty.

The patient lived for fifty-two hours after the first attack, having convulsions almost constantly, with the exception of four hours' respite under the influence of the first hypodermic and two hours under the second; the third had no effect. With regard to treatment, the patient could not swallow any medicine or nourishment, with the exception of a few drops of milk, which were given, "with fear and trembling," for the patient was in constant danger of strangling merely from the accumulation of mucus in the mouth and throat. Inhalation of chloro-

form was out of the question for the same reason. A soap and water injection was given to clear out the rectum, followed by hydrate of chloral, but neither this nor injections of nourishment could be retained by the bowels.

I would have given pilocarpine hypodermically, but I had none with me at the time. The patient's friends were so distressed at the constant spasms that I decided to try morphia, one-quarter grain, and atropia, 1-150 grain, by hypodermic injections, with the results which I have before stated. About an hour before Mrs. —— died Dr. Naylor of Pikesville, who had been her family physician for many years, while she lived in his neighborhood, saw the case with me, and related having found albumen in her urine on previous attacks of kidney trouble. I had been completely baffled in my effort to obtain a sample of urine. I passed a catheter, but the bladder was empty. I ordered a clean napkin to be placed under the patient all the time to catch the slightest dribble which could have been squeezed out afterwards, but without success.

Now, I have simply related this case in its clinical and practical aspect, and have refrained from going into the general subject of uremia, with the various theories in regard to its causation, etc. I think if our members would more frequently bring forward short and practical accounts of the cases which they meet with in their daily practice they would add greatly to the interest and usefulness of our association.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

TUESDAY, APRIL 26, EVENING SESSION.

After the reading of the minutes of the previous meeting, Dr. Charles M. Ellis, president, delivered his address, entitled, "The Country Doctor" (to be published next week).

After the reading of this paper the thanks of the society were expressed to Dr. Ellis and a copy was referred to the publication committee.

Dr. William S. Gardner then read a paper entitled, "The Vaginal Operation for Extra-Uterine Pregnancy" (see page 561).

Dr. H. A. Kelly said this matter was extremely important, and that it was one of the more serious and dangerous operations, but when properly done it saves the woman from unnecessary mutilation. The operation as formerly done was to tie up the vessels and thus cut off the members from the circulation. Another way was to open the cavity through the posterior vaginal vault, clean out the clots and thus save the patient. But there should be one word of caution to surgeons who do this operation—they must be prepared to open the abdominal cavity and take out all the structures necessary. All of his cases got well but one.

Dr. Thomas S. Cullen then spoke on "Endometritis," giving its pathology, symptomatology and treatment. Endometritis, as its name implies, is an inflammation of the mucous membrane of the uterus, and may be divided into the acute and chronic stages. In the gross appearances in the acute form, the mucosa is usually covered with a grayish-white exudate composed chiefly of pus, and the mucosa itself presents a slightly granular surface; is red and injected.

On histological examination of such a uterus the exudate covering the surface of the mucosa is found to be composed chiefly of polymorphonuclear leucocytes or pus cells. The epithelium covering the surface of the mucosa is swollen and somewhat distorted, and may at times proliferate, resembling squamous epithelium. Again, the epithelium may increase in such a way that new glands are formed on the surface. This condition is rare. Between the epithelial cells are many pus cells and a few small, round cells. The uterine glands are usually normal in number and have an intact epithelium, but that near the mouths of the glands is somewhat swollen, and between the epithelial cells are

many pus cells; these are also numerous in the gland cavities. The stroma of the mucosa—in other words, the tissue between the glands—shows considerable dilatation of its blood-vessels, and in the superficial portions is freely infiltrated with polymorphonuclear leucocytes. Such is the picture found in acute endometritis.

In chronic endometritis the mucosa is slightly granular, and in rare instances is gathered up into polypi, producing the so-called polypoid endometritis. On histological examination of the mucosa in the chronic form the surface epithelium is usually intact, but instead of being of the high cylindrical form, is cuboidal, or spindle-shaped. The glands are usually small, but some are dilated and their epithelium is flattened. This is due to the constriction exercised by the newly-formed connective tissue. The stroma of the mucosa shows much small, round-cell infiltration, but the polymorphonuclear leucocytes have to a great extent disappeared.

In those cases where the polypoid condition is found the tips of the polypi are covered by one layer of epithelium and the stroma consists almost entirely of small, round cells.

Between the acute and chronic stages all transitions can be traced. The term glandular endometritis is a most improper one, and one is led to believe that the glands take an active part in the process, but as we have seen the gland elements play an entirely passive role the term glandular endometritis should be abandoned. Endometritis is supposed to be of very frequent occurrence, but Cullen has carefully studied the results in 1800 gynecological cases in the Johns Hopkins Hospital and only found endometritis forty-nine times. The mucosa has been studied in every case where the uterus has been removed or where scrapings were taken, and included many cases where the uterus was removed on account of myomata or where there were double pus tubes. He found that even where there was marked pyosalpinx on one or both sides that the uterine mucosa was frequently perfectly normal. This is at first sight difficult to explain, as the inflammation has in all probability extended to the tubes from the uterus. When the tubal mucosa becomes involved the fimbriated extremity is occluded and the pus accumulates, finding no exit. The uterine cavity, on the contrary, forms a ready avenue of escape for the pus from the uterine mucosa, as with the uterine cavity almost perpendicular the drainage is ideal; hence it is readily seen how the mucosa may have regained its normal or comparatively normal condition before the uterus is removed.

The question is naturally asked, why do so many speak of this or that case being one of endometritis? We all know that an offensive leucorrheal discharge is frequent, and naturally infer that the patient is suffering from endometritis. It must, however, be remembered that we are dealing with a mucous membrane where it is normal for the blood to escape once each month. On histological examination we find a ready explanation for the facility with which the blood pours out, namely, in the fact that the veins in the mucosa have merely a layer of endothelium separating them from the stroma of the mucosa. In patients with a lowered vitality all have frequently noted the presence of a leucorrhea, and have been surprised to see that it disappeared without treatment as soon as the patient regained her usual strength. There has in these cases been a temporary escape of the white blood corpuscles from these venous sinuses which are so prone to allow of the escape of the red blood corpuscles. Endometritis cannot be positively diagnosed without the aid of the microscope. The treatment consists in dilating and curetting the uterus. Dr. Cullen exhibited several drawings of the gross and histological changes found in endometritis.

Dr. H. A. Kelly said that endometritis was exceedingly rare; about only one case in fifty that go to the clinics is really endometritis.

Dr. William H. Welch said that some considered chronic endometritis very common and some rare. It is not uncommon to have variations in the parts, shapes and sizes of the uterine glands, and it is not right to call this endome-

tritis even if it is clinically so. These scrapings are not normal, but they are irregular in shape and size, and there is a sort of hyperplasia. There are cases with actual change in the stroma, with hyperplasia of the stroma cells. As to the value of microscopical diagnosis of the scrapings this is particularly of value in cancer. Many physicians are careful in risking a diagnosis in examining these scrapings. The negative results do not necessarily convince us, but experience has shown that cancer cells will usually show themselves in the scrapings.

Dr. B. B. Browne said that many cases of so-called endometritis got well after curetting, and we did not know what they were until the scrapings occur, that is, we do not make the diagnosis until they have been treated by scraping, so that the diagnosis does not make much difference.

Dr. Cullen said, in conclusion, that he agreed with what Dr. Welch said, that in his cases and a study of specimens, found that the scrapings and specimens hardened in different fluids.

Dr. W. W. Russell then read a paper on "The Treatment of Tuberculosis of the Uterus and Fallopian Tubes," and said that the principal work had been done by Dr. J. Whitridge Williams of Baltimore. He said there were two forms of salpingitis, one in which the disease is found in the abdominal cavity and in the tubes, and the other in which it is found in the tubes, and the abdominal cavity is not necessarily affected. He had no cases of the first sort and twelve of the second. The uterus is found to be tuberculous in every case in endosalpingitis. If the disease is limited to these organs, then the affected tissues should be removed and the patient's general condition should be looked after, but if tuberculosis is in other parts of the body, then it is useless to operate, and when there is dropsy and other symptoms operation is not necessary. He then spoke of the various methods of removing the ovaries, and the manner, whether by the abdominal or the vaginal. By the latter the dissection should be made carefully. He then described the operation in detail. He said that few cases are recognized soon enough to be operated on, and this is true in many of Williams' cases. Diagnosis is made in about one-half of 1 per cent.

Dr. H. A. Kelly then read a paper entitled, "Treatment of Fibroid Uteri." He said that rapid strides had been made in doing this operation, and it was but a little while ago that we hesitated to take out these tumors. This operation has gone through several stages in the last fifteen years, for at that time they were removed in a very haphazard way. The abdomen was opened, the uterus was pulled out, the peritoneum was sewed down around the uterus and pinned to it, and the stump was left to mummify and slough off. Schroeder of Berlin urges us to treat this by creating a pedicle and dropping it back, with the result of a large mortality from sepsis. Futsch of Breslau and Kelly of Baltimore were the first to do the operation in the more modern way to avoid sepsis and hemorrhage. They stitched the peritoneum around the uterus. About this time Stimson of New York suggested ligating the four sources of blood supply, and after tying these vessels the stump could be dropped back, and there was no sepsis. The technique is important and so is the time. It used to take from one-half to one hour to complete this operation, and then often the patient died. It was necessary to break up the adhesions and tie the vessels; but now the operation can be done in three minutes and the mortality should not be more than 3 or 4 per cent. He referred to two young women who had fibroid tumors, who were both engaged to be married, on which he had operated with success. He bases his remarks on an experience of ninety-one cases. He took out the tumors in these cases and left the uterus, and undoubtedly this can be done in nearly all cases, especially with women in the child-bearing period. He had four deaths in these ninety-one cases, but none in his experience became pregnant afterwards. He wears gloves, uses gauze and looks out for hemorrhage. He urges conservatism in the treatment of these cases and also as to any operation.

Dr. Thomas S. Cullen said that one of these cases which died was through his

fault and not Dr. Kelly's. In one case which Dr. Kelly operated on she had had four miscarriages. He never does a myomectomy if he finds any evidence of sepsis in the tubes.

Dr. B. B. Browne then read a paper entitled, "The Removal of Sub-Mucous and Intra-Uterine Fibroid Tumors by Enucleation and Traction," in which he mentioned a series of cases and showed results.

(To be continued.)

ASSOCIATION OF AMERICAN PHYSICIANS.

THIRTEENTH ANNUAL MEETING, HELD IN WASHINGTON, D. C., MAY 3, 4 AND 5, 1898.

(First Day Continued.)

Dr. Simon Flexner of Baltimore then read a paper entitled "Gastric Syphilis, with the Report of a Case of Perforating Syphilitic Ulcer of the Stomach." He has collected the histories of cases of Chiari. In 243 cases of syphilis which came to autopsy two were evidently cases of ulcer of the stomach, due to this trouble. Some cases are hereditary and some are acquired. In the case he refers to the history dates from 1892; the death occurred in 1896. The patient had ascites and edema of the lower extremities and the scrotum. The ascites was tapped, grew less and the fluid was inconsiderable. Death came suddenly after a hearty meal. Just before death there was great abdominal pain and tympanites. The autopsy showed a sero-fibrinous peritonitis. There was a perforation in the base of the stomach. There were several organisms in the peritoneal contents, among which were the bacillus aërogenes capsulatus and the colon bacillus. The liver contained a large gummatous mass. The diagnosis was based on microscopical examination.

Dr. I. Adler of New York spoke on "Some Observations of Cardiac Syphilis." He spoke of the various forms of syphilis in the heart, such as gummatous endocarditis, etc. The anatomical diagnosis is not infrequently doubtful. He examined the hearts of young infants. In four hearts of babies of a few months old he found signs of syphilis. It is hard to make this trouble out, for to the naked eye the heart is apparently normal. He hardened them in formalin and stained and examined them. In two there were no signs of syphilis; in the other two characteristic lesions were found. In one infant who was two years old there was one small patch found in the internal coat and a slight infiltration. The other child died at the age of three and one-half years from what was apparently catarrh, and there were no signs of disease in the heart to the naked eye. He thinks that the blood-vessels are often the primary seat of the disease and the muscles are attacked later. In many cases the disease might be arrested early if a diagnosis were made, but, as a rule, the disease is advanced too far when the clinical symptoms appear. There are really few distinctly diagnostic symptoms to the naked eye to distinguish it from other troubles. Often traces of syphilis can be found in other organisms than the heart. He thinks it is necessary to make methodical examinations of each case, and to suspect syphilis in every case of heart disease, and give the iodides and mercury, as well as digitalis and other such drugs, and if it is not syphilis no harm will be done.

Dr. E. G. Janeway of New York then read a paper entitled "Danger of Error in Diagnosis between Chronic Syphilitic Fever and Tuberculosis." He briefly reported a number of cases of a similar character. One case was a young man who had been sent to a sanitarium for consumption. He continued to grow worse, came to him, and an examination revealed syphilis. No tuberculous symptoms could be found, and hepatitis had been the cause of his ill-health. He promptly recovered under treatment. In one case there was fever, sweating and pain in the side, and he had been advised also to go to the country on account of supposed case of tuberculosis of the right lung, but a later examination showed two ribs to be diseased, and a small sinus was apparent. Anti-syphilitic treatment removed this trouble. He instanced several cases of this kind; one case in which a prominent physician had made a diagnosis of tuberculosis when no such lesion existed. In one case of a young child he

suspected syphilis, but was persuaded into believing it a case of tuberculosis, and sent it to the hospital for treatment. The child died and the autopsy revealed the true condition. The specialist may be able to recognize these cases, but it must be remembered that the majority of them fall into the hands of the general practitioner. In obscure cases of apparently tuberculous miliary sepsis syphilis should always be borne in mind as to the possible cause.

Dr. I. E. Atkinson of Baltimore said nothing shows more clearly the want of accurate attention on the part of the medical profession than this very frequent presence of syphilis, complicating all sorts of obscure conditions. It should be looked for. This is especially true in the class of cases referred to. The disease may simulate continued fever, although fever may be remittent in character, which may make us suspicious. He referred to a sailor in a hospital, from Calcutta, who had an enlarged liver and a severe cough, but no tubercle bacilli could be found. Albumen and casts were both present. He denied having syphilis, and hepatic abscess was suspected, and he was aspirated several times without result. The plasmodium of malaria was looked for, but not found. His right testicle began to enlarge. He was given iodide of potash, and in three or four days he had no fever and recovered entirely. It is in the late cases in which the fever is apt to be obscure.

Dr. Meltzer of New York said that Hansemann reported a number of apparent cases of tuberculosis in which no tubercle bacilli were present, and which recovered under the use of iodides.

Dr. F. P. Kinnicutt of New York said that many had seen the presence of syphilis at the autopsy when they had not suspected it during life, and he also described some cases.

Dr. Charles G. Stockton, Buffalo, said that an examination of the blood may assist in the diagnosis, and said a tuberculin test might be used to advantage in these cases.

Dr. V. C. Vaughan of Ann Harbor said that the two affections might exist in the same person, and in many cases would give considerable trouble. The temperature curve is greatly different from that in tuberculosis. The finding of bacillus of tuberculosis would confuse us.

Dr. James Tyson of Philadelphia thought that the use of anti-syphilitic treatment would make the diagnosis for us.

Dr. Janeway said he had examined the blood for the plasmodium and leucocytes; the tuberculin test was not used. The anti-syphilitic treatment furnished the test and produced a cure. In some cases it is extremely dangerous to use the tuberculin test, and he mentioned a case in which such bad results had been brought about that the patient could hardly be induced to keep from suing the physician for malpractice. He had seen the two diseases in the same person. He used iodide of potash and bichloride of mercury in combination with cinchona.

Dr. E. G. Cutler of Boston referred to a case in which tuberculin gave the characteristic reaction when no tuberculosis was present.

Dr. William S. Thayer of Baltimore then read a paper on "Nephritis of Malarial Origin." He dealt largely in statistics based on cases in the Johns Hopkins Hospital. He referred to the frequency of albuminuria in malarial fever with other diseases. In looking over the statistics, and in his own cases, he found that a large proportion of cases of malarial fever had albuminuria and casts, but principally the cases of estivo-autumnal fever. In 758 cases of malarial fever there was albuminuria in 321 and casts in 121. Albumen was present in nearly one-half the cases. He had nineteen cases of acute nephritis of malarial origin. He found that in general his own statistics agreed largely with others he had collected except in some few cases. In scarlet fever there was, of course, a certain number of cases of albuminuria and casts; also in diphtheria and typhoid fever. Albumen is probably present in about one-half the cases of scarlet fever, and malaria seems to be the cause of more cases than is generally supposed, but not as often as in yellow fever, and for this reason we cannot place too great reliance in the presence of al-

bumen in yellow fever. Out of 152 cases of malaria there were fifty-two cases of nephritis. Seven were tertian, ten estivo-autumnal, and three were of varied type. There were thirteen recoveries and four deaths. Nine were doubtful. He also gave statistics of the age, sex and color of the cases. He thinks there is a possible etiological connection between nephritis and malarial infection.

Dr. F. Forcheimer of Cincinnati wished to corroborate the statement as to nephritis in estivo-autumnal fever. There are many such cases in Cincinnati. The kidney rarely escapes, and he found the majority of cases in children. He had found in a certain number of cases of nephritis the presence of a pigment which probably came from the blood. The urine was light above and dark below. There was blood pigment and casts. In most of them the pigment was a reddish brown. The cause was described to be due to the plasmodium, but he has studied a number of these cases and has found the pigment in connection with malarial fever. He showed a specimen from a child sixteen months old. He has no suggestions to make. He has made no complete chemical analysis, but thinks it may be melanin.

Dr. William Osler of Baltimore, in referring to those interesting cases of Dr. Thayer, said that the importance of albumen in the diagnosis of yellow fever from malaria lay in the fact that in yellow fever the albumen was found early, in the first twenty-four or forty-eight hours, and this is a strong point. It is interesting to note that in the hospital they had had no single case of malarial hematuria which could be attributed to the use of quinine, and many physicians in the South hesitate to use quinine on account of this complication.

Dr. Jacobi asked if the findings of Dr. Thayer were the same for every year. A number of observers say that they find no albumen for a number of years, and then in a large number it is found. He had seen a number of cases, but none had had albuminuria.

Dr. I. E. Atkinson has for years felt convinced that malaria was an important factor in nephritis, and it had been pretty constantly found in every outbreak of malarial fever, more so than we usually think. One of the difficulties in the way of decision is to know whether the nephritis is due to the malaria or the malaria to nephritis. Another point to note is whether in localities where mortality statistics are kept it is found that kidney complications are more common than where malarial fever does not exist. In Maryland there have been no vital statistics until the present time, but in Baltimore the records are carefully kept.

Dr. Tyson said that he noticed in Philadelphia what Dr. Jacobi noticed in New York, that some cases were of a mild type, and that there were severe cases at other times.

Dr. M. H. Fussell of Philadelphia said that in Frankford, Philadelphia, he had seen a number of cases of malaria, but in none had he found nephritis and in none albuminuria.

Dr. Thayer, in answer to Dr. Forcheimer, said that he had seen very few cases in children; that only recently had there been a children's ward in the Hopkins Hospital; but he had an interesting case referred to him by Dr. Northrup. As to the pigment referred to, he had never seen it; it is quite unlike anything he had seen in the blood and is extremely interesting. He has not had a case in which quinine has had an influence. Dr. Rampoldi of Rome writes that he has never seen a case of quinine hemoglobinuria recorded from the Roman Campagna. He noticed that there were different epidemics in different years. In the twenty-six cases, sixteen occurred in 1896, and last year there were very few cases.

Dr. W. T. Councilman, Boston, then read a paper entitled "Acute Interstitial Nephritis," an acute non-suppurative inflammation of the kidney, characterized by cellular and fluid exudation in the interstitial tissue, accompanied by, but not dependent upon, degeneration of the epithelium. The interstitial lesion consists in the presence of cells similar to those described by Unna as plasma cells. These cells are due to emigration from blood-vessels and proliferation of the emigrated

cells. They are formed in other organs, chiefly in the spleen and bone marrow, from lymphoid cells, and are carried to the kidneys by the blood. Accumulations of plasma and lymphoid cells may be found in the blood-vessels of the kidney without any interstitial lesions. Such cases of acute interstitial nephritis are frequently found in the infectious diseases of children, notably in diphtheria and scarlet fever, but they may be found under other conditions.

Dr. William H. Welch of Baltimore said that this work of Dr. Councilman's was of great value. He has had opportunity to study these specimens, and he agrees with him as to the origin. They have emigrated from the blood-cells and from the lymph vessels. It is interesting as evidence that the lymphoid cells can emigrate as well as the polynuclear cells. He spoke of this last year in connection with Dr. Gilchrist's paper, and reported two effects of chemotactic stimuli quite distinct from each other. We have three sorts of cell accumulations—plasma cells, polynuclear formations and lymphoid cells. It is a great advance in technique that we are able to differentiate these different cells.

Dr. Tyson said this was an exceedingly interesting study and showed the results of careful investigation.

Dr. Councilman said, in conclusion, that some of the cases recorded were due to bacteria. These plasma cells have something to do with inflammation, and may possibly have some connection with the healing of wounds.

Dr. R. H. Fitz of Boston then read a paper on "A Case of Myxedema and Albumosuria—Treatment with Thyroid Extracts—Death." The case is reported for the purpose of calling especial attention to the occurrence in myxedema of a rare condition (albumosuria). It is, therefore, desirable in examining the urine in myxedema to bear the above fact in mind, since albuminuria is relatively frequent and albumose might easily be mistaken for albumen unless the customary test with heat and nitric acid were duly controlled. The communication has an additional interest in showing that, despite temporary improvement, under the use of thyroid extract, this remedy is not infallible in myxedema. He gave the history of the cases, and spoke of the difference between albumose and albumen, and then tested a specimen in the presence of the association. The addition of nitric acid caused the precipitation of albumose, which heat dissipated and the application of cold caused it to return. This was an interesting test. He showed several illustrations.

Dr. V. C. Vaughan said these are remarkably interesting and rare cases and are rarely recorded. The presence of a small amount of albumose is very common; some say that it is normally present always in small amounts. So far as he knows this is probably true, but the large amounts as noted are quite rare.

Dr. Fitz said, in conclusion, that his paper contained references to these illustrations of small amounts, and he had mentioned the work of Bentz Jones. There have been seven cases recorded in Germany and Holland. He thinks that often these cases are mistaken for albuminuria, and they are really more common than is supposed.

(To be continued.)

Medical Progress.

A Fatal Case of Lead Poisoning.—A fatal case of lead poisoning is reported in the Boston Medical and Surgical Journal. A supply of water for a private house was taken from a spring by means of a lead pipe attached to a pump about 175 feet distant. The plumber who laid the pipe allowed a considerable amount of lead filings to remain at the joints, which were soldered in the usual manner. Soon after the work was completed a young woman at the house was taken ill, and the father and mother suffered severely with colic. The girl died, lead poisoning was suspected, and a government investigation was made. The autopsy demonstrated lead in several organs, and the water, which was exceedingly pure, was found to have dissolved 0.95 milligrammes per liter. The hardness was only 1.4.

MARYLAND

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BALTIMORE, MAY 21, 1898.

Instruction in Pediatrics.

IN the *Medical Record* of May 7, 1898, Dr. Henry Dwight Chapin of New York arraigns the medical colleges of the country for their neglect to give adequate instruction in diseases of children. The idea is combatted that pediatrics is to be classed upon the schedule with diseases of the eye and ear or of the nose and throat. While a knowledge of the extreme specialties is a desirable accomplishment, a proper training in the diseases of children forms a necessary and fundamental equipment for the average practitioner.

Dr. Chapin enters a vigorous protest against considering pediatrics a specialty. He classes it rather as one of the branches of general medicine. The statement is made that the lamented O'Dwyer, whose name will be longest remembered among the present workers in pediatrics for what he accomplished, was always a general practitioner. But even if pediatrics is not a true specialty, inasmuch as it deals with the whole organism, and not with any single organ, prolonged study is required to attain proper expertness in diagnosis and treatment. Not only are some diseases practically confined to early life, but others assume a peculiar type at this time. As the physical and rational signs of disease differ widely from adult life, a knowledge of the latter will not suffice.

The absence of a proper knowledge of diseases of children has been noticed by Dr. Chapin in examining recent graduates for hospital appointment, as well as in teaching postgraduate students. The blame for this state of affairs is placed with the undergraduate medical colleges. One clinical lecture a week, with possibly a little dispensary work during the last year, is not sufficient. A plea is made for a regular didactic course of instruction, fortified by thorough quizzing, as a foundation for a future clinical course. Now that four years are employed in most college courses, it would seem as if more time and thought might be expended upon pediatrics.

Dr. Chapin's article is to be commended to the authorities of all advanced medical schools. It does not seem right that young men on graduation should be sent out to cope with what will probably prove the largest part of their practice with such a small modicum of knowledge.

* * *

The Denver Meeting.

THE meeting of the American Medical Association and of the other societies which convene at Denver about the same time will give many physicians an opportunity to visit that part of the United States for the first time. The transportation committee has completed arrangements and secured favorable rates, with stop-over privileges at other important places besides Denver. Of the other societies which meet at Denver the first week in June not the least important is the American Academy of Medicine, which has done so much for the advancement of medical education in this country. Another important meeting is that of the Association of American Medical Colleges, which will be held on June 6. Of the 116 regular medical colleges in this country sixty-five belong to this association and conform to its rules. Japan demands no examination from graduates of colleges belonging to this association, and several of the States grant similar courtesies. This association should be the foundation for a national examining board, and those licensed by it should be allowed to practice in any State in the Union.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 14, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	20
Phthisis Pulmonalis	..	23
Measles	66	2
Whooping Cough	6	..
Pseudo-Membranous Croup and Diphtheria.	16	1
Mumps	1	..
Scarlet Fever	10	1
Varioloid	..	..
Varicella	..	.
Typhoid Fever	2	2

Klondike physicians must pass an examination.

Dr. William T. Walker of Lynchburg is dead.

The Paris Academy of Medicine is about to erect a new building.

The Association of American Medical Colleges will meet in Denver, June 6, 1898.

Dr. S. B. Bond has removed from 23 West Chase street to 6 West Read street, Baltimore.

The West Virginia State Medical Society held its regular annual meeting during this past week.

The fiftieth annual session of the Pennsylvania State Medical Society was held at Lancaster this week.

The Indian Territory Medical Association will hold its semi-annual meeting at Wagoner, June 1 and 2, 1898.

Dr. J. M. Scandland is resident physician at the Maryland General Hospital, and the dispensary staff for the ensuing year has been appointed.

The State Examining Board of Maryland has just completed the examining of a number of applicants. The results of this work will be published later.

Dr. Charles A. Shure died at his home in Port Deposit, Cecil county, Maryland, this week, aged fifty-eight. Dr. Shure was a graduate of the University of Maryland in 1862.

Besides the United States hospital ship *Solace*, the government is fitting up a second hospital ship.

In spite of the war the International Congress of Hygiene held a very successful meeting at Madrid.

The medical societies of Toronto will likely be united under one organization and be called the Academy of Medicine. Such a plan was suggested in Baltimore to unite the work done in the various scattered medical societies.

A healthy man with a good appetite and average drinking capacity assimilates into his system during seventy years ninety-six and one-half tons of material, solid and liquid, or, putting it in another way, and assuming his weight to be twelve stones, he consumes over 1280 times his own weight of nourishment in the course of a lifetime.

Dr. H. L. E. Johnson of Washington, D. C., chairman of the Committee on Transportation of the American Medical Association, announces a reduction in rates to the meeting of the American Medical Association. The round trip from Baltimore or from Washington to Denver is about $50. Those desiring a special train or special trips should apply early.

Physicians in quest of light summer reading for neurasthenic patients are respectfully referred to the April number of the *American Chemical Journal*, in which Mr. P. R. Moale contributes two papers, one entitled "On Paramethoxyorthosulphobenzoic Acid and Some of Its Derivatives," the other on "The Decomposition of Paradiazoorthotoluenesulphonic Acid with Absolute Alcohol in the Presence of Certain Substances," and Mr. Lyman C. Newell contributes an article entitled "Parabenzoyldiphenylsulphone and Related Compounds."

At the twenty-third annual meeting of the American Gynecological Society, to be held at Boston, May 24, 25 and 26, the following will read papers: Dr. B. B. Browne, on "Hernia of the Ovary, with Report of Two Cases Cured by Laparotomy;" Dr. J. Whitridge Williams, on "Bacteria of the Vagina and Their Practical Significance, Based upon the Examination of the Vaginal Secretion of One Hundred Pregnant Women;" Dr. Howard A. Kelly, on "The Treatment of Myomatous Uteri," and Dr. J. Wesley Bovée of Washington on "The Patency of the Stump After Salpingectomy."

Washington Notes.

The chemical and clinico-pathological societies have adjourned until fall.

The lady managers of Garfield Memorial Hospital gave a planked shad dinner at Marshall Hall Thursday.

A Mother Goose Carnival was given Friday afternoon at Columbia Theater for the benefit of Children's Hospital.

Dr. E. M. Hasbrouck has resigned his position of physician to the poor, and Dr. H. T. Harding has been appointed to fill the vacancy.

There is an epidemic of measles throughout the District. Thirty-two cases of diphtheria and forty-six cases of scarlet fever are under treatment.

The treatment of diphtheria was the subject for discussion before the Therapeutical Society Saturday evening; paper read by Dr. Thompson.

At the District Society Wednesday evening Drs. Johnson and Stewart extolled upon the necessity of accuracy and uniformity in chemical laboratory investigations.

Acting Assistant-Surgeons Francis Metcalf and Randolph M. Myers, U. S. A., have reported for duty to Major George H. Towney, surgeon in charge of hospital ship.

The Colonial Dames of America have organized a committee to raise an emergency fund to be used for supplying fresh fruit and vegetables and other delicacies to the sick and wounded of the army and navy.

Misses Margaret Schaffer of the Emergency Hospital, Agnes Lee of Baltimore, J. Sanger of Virginia and Alice Lyon of New York are regular nurses and have been appointed to represent the Daughters of the American Revolution in the war.

The National College of Pharmacy held its commencement exercises at Columbia Theater Tuesday evening. The evening address was delivered by Hon. Frank J. Cannon of Utah; valedictorian, Charles Griffith. There were fifteen members in the graduating class.

At the forty-ninth commencement of the Georgetown Medical School seventeen young men received diplomas. Dr. Wm. C. Gwynne delivered the valedictory and Professor La Place of Philadelphia the address to the graduates. After the exercises the class held a banquet at the Shoreham.

Book Reviews.

A Text-book on Surgery, General, Operative and Mechanical. By John A. Wyeth, M.D., Professor of Surgery in and President of the Faculty of the New York Polyclinic Medical School and Hospital; late Surgeon to Mt. Sinai and Consulting Surgeon to St. Elizabeth's Hospital, etc. Third edition, revised and enlarged. D. Appleton & Co., New York, 1898.

This well-known text-book has now reached its third edition, which has been revised and brought fully up to date. The main features of the book remain the same, but there is an addition of more than 100 pages to its size. Wyeth's book is not intended to be encyclopedic in character, but to afford a concise and ready guide for the practitioner and student, and it fulfills this indication very well in the main. There are some subjects on which Wyeth is an especially good authority, such as operations on the blood vessels, bloodless amputations at the shoulder and hip, and operations on the bladder, and these matters are discussed fully. In looking the book over somewhat carefully we see many evidences of the careful revision it has undergone, many of the chapters have been almost entirely rewritten, and many illustrations, mostly original, have been introduced. A number of new procedures are described, such as osteoplastic resection of the malar bone and front wall of the antrum for the removal of a tumor, the introduction of a subcutaneous platinum support for restoring the normal outline of the nose, and the use of morphia narcosis as a general anesthetic as a substitute for chloroform or ether in certain cases, where these agents are contraindicated. The work has been greatly improved, and will command success.

A Manual of Instruction in the Principles of Prompt Aid to the Injured, including a Chapter on Hygiene and the Drill Regulations for the Hospital Corps, U. S. A. Designed for Military and Civil Use. By Alvah H. Doty, M.D., Health Officer of the Port of New York, etc. Second edition, revised and enlarged. New York: D. Appleton & Co., 1898. Pp. 302.

The author of this little work is to be congratulated on the appearance of a new edition of such a valuable work. The illustrations make it of especial use to the non-medical person. The publishers have either made some errors in issuing this edition or they are attempting to reprint an old edition as if it had

been revised. It is called a second edition, and yet a second edition appeared in 1894. This 1898 edition seems to differ in no way from the one issued four years ago. There is apparently no addition or change in the reading matter from the book of four years ago except at the end of Chapter IX. There may be some errors, perhaps, in the figures, for, in turning at random to page 242 of the 1894 edition, Fig. 54, representing a strapped litter, is seen, while in the 1898 edition this figure is cut out, although it appears in the index. This, however, in no way militates against the excellence of the book, but calls for some explanation on the part of the publishers.

REPRINTS, ETC., RECEIVED.

Roentgen Ray Skiagraphy. By DeForest Willard, M.D. Reprint from the *Journal.*

New Ophthalmic Operating Table. By L. Webster Fox, M.D. Reprint from the *Archives of Ophthalmology.*

Anterior Displacements of the Hip (Congenital). By DeForest Willard, M.D. Reprint from *Pediatrics.*

Nervous Diseases Simulating Peritonitis. By S. D. Hopkins, M. D. Reprint from the *Colorado Medical Journal.*

A Case of Hysteria Simulating Organic Disease of the Brain. By S. D. Hopkins, M.D. Reprint from the *Medical Fortnightly.*

The Climate of Atlantic City and its Usefulness in Disease. By William Edgar Darnall, M.D. Reprint from the *Therapeutic Gazette.*

Respiratory Paralysis from Hemorrhage Around the Medulla. By S. D. Hopkins, M.D. Reprint from the *Colorado Medical Journal.*

Typhoid Fever. By John Eliot Woodbridge, M.D., of Cleveland. Reprint from the Transactions of the Ohio State Medical Society.

Alcohol in Epilepsy. A Wrong Theory Misapplied to the Case of Arthur Duestrow. By C. H. Hughes, M.D. Reprint from the *Alienist and Neurologist.*

Epiphora or Watery Eye; Lachrymal Abscess; Necrosis of the Bony Walls of the Lachrymal Canal; Implantation of a Glass Ball for the Support of an Artificial Eye; Grattage for the Radical Cure of Granular Lids. By L. Webster Fox, M.D. Reprint from *International Clinics.*

Current Editorial Comment.

MEDICAL EXPERTS.

The Journal.

The fact also that there has been no legal standard of medical expertness has been an important factor in the production of the miscarriages of justice in either direction; the opinion of the skilled alienist has counted for no more than that of any other medical witness however really unqualified he may have been in this particular specialty. The result has been to bring all expert medical testimony into discredit, and as a profession we have suffered.

DEVELOPING GIRLS.

Medical Record.

What is required in the establishments for the education of girls is that more time should be allowed for health-giving, out-of-door exercise; if this were done the number of neurotic women would be greatly lessened and the services of the doctor could in most cases be dispensed with. In the words of Dr. Playfair: "It is not the work which, in my judgment, hurts, but the perseverance in work after nature has hung out its danger-signals; work in an unhealthy body; the attempt, in fact, to fight nature. Then, indeed, the careless, prejudiced or unwise mistress or parent may well find that 'over-pressure,' the very existence of which so many deny, is a stern reality and may shatter the whole future of the girl."

VALUE OF DISCOVERIES.

American Medico-Surgical Bulletin.

Only the narrow-minded now believe that great discoveries in any science are made by a direct hunt for them, prompted by our desire to make them. They all come to us through the patient plodding of a host of workers who receive little or nothing for their pains. The plowman and the sower must do their work long before there can be a harvest for the reaper. The unrequited toil of our Voltas, Aragoes, Franklins and Faradays must precede the husbandry of civilization through our Morses, Bells, Edisons and Thomsons. A million unremunerated workers had to plod along for years, adding up facts of no apparent commercial value, before organic chemistry could hold up a single aniline color or synthetic remedy. Look where we may and the same fact stares us in the face.

Medical Meetings.

MAY						
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31	..	..	..	..	..	..

The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

May.

AMERICAN NEUROLOGICAL ASSOCIATION. Annual meeting at Washington, D. C., May 4, 5 and 6, 1898. M. Allen Starr, M. D., President, 22 W. 48th St., New York City. Graeme M. Hammond, M. D., Secretary, 58 W. 45th St., New York City.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. Paul F. Mundi, M. D., President, New York. J. Riddle Goffe, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May 16, 17 and 18, 1898. Thos. R. French M. D., President, Brooklyn, N. Y. H. L. Swain, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. Robert W. Lovett, M. D., President, Boston, Mass. John Ridlon, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. Emmett Holt, M. D., President, New York City. Samuel S. Adams, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. William H. Daly, M. D., President, Pittsburg, Pa. Robt. C. Myles, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. Geo. Ross, M. D., President, Richmond, Va. Louis J. Mitchell, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. Bucke, M. D., President, London, Ontario. C. B. Burr, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. Nevins Hyde, M. D., President, Chicago, Ill. John T. Bowen, M. D., Secretary, 14 Marlborough St., Boston, Mass.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. William White, M. D., President, Philadelphia, Pa. W. K. Otis, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. Griffith, M. D., President, Ninth and Grand Ave., Kansas City, Mo. James E. Pilcher, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. Duncan Bulkley, M. D., President, New York City. Charles McIntire, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. Wm. Warren Potter, M. D., President, Buffalo, N. Y. Chas. Wood Fassett, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. George M. Sternberg, M. D., President, Washington, D. C. W. B. Atkinson, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. Arthur Matthewson, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. Vermyne, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. Geo. C. Harlan, M. D., President, Philadelphia, Pa. S. B. St. John, M. D. Secretary, 26 Pratt St., Hartford, Conn.

State Societies.

May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. Ulrich, M. D., President, Wheeling, W. Va. G. A. Aschman, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. Francis Duffy, M. D., President, Newbern, N. C. R. D. Jewett, M. D., Secretary, Wilmington, N. C.

MICHIGAN STATE MEDICAL SOCIETY. Annual meeting at Detroit, May, 1898. Joseph B. Griswold, M. D., President, Grand Rapids, Mich. C. H. Johnston, M. D., Secretary, Grand Rapids, Mich.

THE OHIO STATE MEDICAL SOCIETY. Annual meeting at Columbus, May 4, 5 and 6, 1898. Wm. H. Humiston, M. D., President, 122 Euclid Ave., Cleveland, O. John A. Thompson, M. D., Secretary, 628 Elm St., Cincinnati, O.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Lancaster, May 17, 18 and 19, 1898. W. Murray Weidman, M. D., President, Reading, Pa. C. L. Stephens, M. D., Secretary, Athens, Pa.

MISSOURI STATE MEDICAL ASSOCIATION. Annual meeting at Excelsior Springs, May 17, 18 and 19, 1898. Jacob Geiger, M. D., President, St. Joseph, Mo. Jabez N. Jackson. M. D., Secretary, Kansas City, Mo.

KENTUCKY STATE MEDICAL SOCIETY. Annual meeting at Maysville, May 18, 1898. Jos. M. Mathews, M. D., President, Louisville, Ky. Steele Bailey, M. D., Secretary, Stanford, Ky.

MEDICAL ASSOCIATION OF MONTANA. Annual meeting at Missoula, May 25, 1898. G. T. McCullough, M. D., President, Missoula, Mont. B. C. Brooke, M. D., Secretary, Helena, Mont.

(*Continued on page* xvi.)

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Original Articles.

FIBROID TUMORS CAUSING INVERSION OF THE UTERUS, AND THEIR REMOVAL BY TRACTION AND ENUCLEATION.

By B. Bernard Browne, M.D.,

Professor of Gynecology in the Woman's Medical College of Baltimore, Gynecologist to the Good Samaritan Hospital, etc.

READ AT THE ONE HUNDREDTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29 INCLUSIVE, 1898.

At the annual meeting of this Faculty in 1890 I read a paper on "The Removal of Sub-mucous and Intra-Uterine Fibroid Tumors by Enucleation and Traction, with a Report of Ten Cases" (*Transactions of the Medical and Chirurgical Faculty of Maryland*, 1890, pp. 205-10). Since that time I have had occasion to remove many such tumors by this method. But at this time I wish to speak especially of those tumors that are associated with inversion of the uterus.

The well-known fact that ordinary inversion of the uterus has so frequently been mistaken for a fibroid tumor or polypus and the uterus removed needs only to be mentioned. Denucé (Denucé, "*Traité Clinique de l'Inversion utérine*," p. 243) in 1883 collected forty-three cases in which the inverted uterus had been mistaken for a fibroid polypus and removed by amputation. Among the cases tabulated by him were those of Slevogt (Slevogt, "*Dissertatio de utero per sarcoma ex corpore extracto post modum resecto*," 1700) quoted by Morgagni in 1832, William Hunter, Petit, Denman, Clarke (1803), Jobert de Lamballe in 1832, Lisfranc in 1839, Valpeau in 1842, Oldham in 1856, Gosselin in 1877, Barnes in 1879, Lombe Athill in 1879.

Aveling, in 1876, attempted to remove with the ecraseur what he supposed to be a fibroid polypus; fortunately the chain broke; he discovered his mistake and successfully reduced an inverted uterus. But the cases of inversion of the uterus caused by fibroid tumors or polypi projecting into the vagina are of much less frequent occurrence than the other forms of inversion.

A very interesting case of this character is related by Dr. Thaddeus A. Reamy in the sixth volume of the *Transactions of the American Gynecological Society* (1881). He attempted to remove with the ecraseur a large fibroid tumor completely filling the vagina. To adjust the chain he found it necessary to seize the tumor with strong vulsella and draw it downward and rotate it so far as possible from side to side. When he tightened the chain the ratchet refused to work, and upon applying considerable force the chain broke. He then removed the tumor by cutting with scissors and traction with vulsella. It proved to be a fibrous polypus springing from the fundus uteri by a broad but short pedicle. The uterus was partially inverted. The apparent pedicle was the fundus of the uterus perfectly fitting as a convex into the concave of the polypus. He says that it seems clear that but for the accident to his ecraseur he would have amputated the fundus of the uterus, for he had been careful to place the chain

high upon the supposed pedicle, and every line above the tumor proper was uterine tissue.

Dr. John Byrne of Brooklyn (*American Journal of Obstetrics*, Volume VI, 1873, pp. 138-142) relates a case in which a fibroid polypus the size of the two fists had escaped into the vagina. Luckily he made the diagnosis of inversion and thus avoided cutting off the uterus with the galvanic wire. When he exhibited the specimen to the New York Obstetrical Society, two cases of this fatal error in conditions precisely similar were related, one as having occurred in the clinic of Professor Scanzoni and the other was in the practice of a prominent New York surgeon. In both cases the fundus uteri, being mistaken for the base of the pedicle, was extirpated and the women died in consequence.

On August 13, 1894, I was consulted by Mrs. McS., aged forty, the mother of five children, the youngest eight years old. She had been suffering for the past two years with menorrhagia and metrorrhagia and had considerable pain in the pelvis. The discharge from the vagina was very offensive. She had become pale and blanched from the loss of blood. Her attending physician thought she had cancer of the uterus. Upon examination I found the vagina filled by a large tumor, the lower part of which was in a sloughy condition and bled freely upon manipulation. The fundus of the uterus was absent from its normal position, and the cup-shaped indentation of the inverted organ was easily made out by rectal examination. On the following day, under anesthesia, the tumor was more carefully examined; the presenting extremity was drawn outside of the vulva. The broad attachment of the pedicle could be traced up to the fundus of the now completely inverted organ. The line of demarcation between the tumor and the uterus could now be distinguished, and careful enucleation was made along this line. In order to keep up steady traction upon the tumor during the process of enucleation, two corkscrews were inserted into it. These were of very material aid, as the vulsella would frequently tear out when strong traction was made with them.

When the tumor was finally removed two vulsella were inserted into the vaginal attachment of the cervix, which held it firm while the right corner of the uterus was indented and pushed up until complete reinversion had taken place. The cavity was then washed out with hot water, dried and tamponed with iodoform gauze and a silver suture passed through the anterior and posterior lips of the cervix so as to hold them together and prevent the uterus from again becoming inverted. Recurrent inversion is not liable to occur. Swan reports a case of this character in the *Albany Medical Annals* of January, 1898, and says it is the only one on record. Smellie (Barnes, "Diseases of Women," p. 618), however, related a case of a woman whose uterus, after inversion, having been replaced, was immediately reinverted. The vagina was then packed lightly with iodoform gauze, which was removed on the third day, together with the silver suture and the intra-uterine packing. She has been perfectly well since.

Mrs. F., aged thirty-eight, six children, youngest four years old, consulted me on February 15, 1897, on account of a continued uterine hemorrhage which had persisted almost constantly for the past six months, when the hemorrhage was checked. The discharge was of an offensive character. Upon examination I found a fibroid tumor completely filling up the vagina and, at the same time, drawing upon the fundus of the uterus at the seat of its attachment to such a degree as to cause partial inversion of the uterus. By traction with vulsella and strong pressure upon the already indented fundus the uterus was completely inverted and drawn down to the vulvar outlet, the tumor being entirely outside. The orifices of the Fallopian tubes were distinctly visible. The pedicle was short, but was attached by a broad base to the fundus of the uterus. The line of demarcation between the pedicle and the uterus was easily defined, and enucleation was made without any great difficulty.

Reinversion was performed as in the previous case and the subsequent treatment was also the same.

Case 4 in my paper of 1890, before mentioned, was Mrs. M., aged thirty-five, who had been bleeding for several months. A bloody tumor was projecting into the vagina, and upon examination over the abdomen a hollow indentation was found in the fundus. Upon examination through the rectum a much larger mass was felt than would have been the case in inversion; besides the mass was much harder; the sound passed in on the right side and could be felt through the abdominal wall. The conditions here were very similar to those of inversion, but they did not correspond entirely.

I concluded to pull the presenting tumor through the vulva, so as to bring the orifices of the Fallopian tubes into view, and if it proved to be inversion, and could not be returned by taxis, I intended to cut through the posterior wall of the fundus, pass a large Sims uterine dilator through the opening thus made, dilate the constricted cervix and then reinvert the uterus as in the case reported by me in the *New York Medical Journal*, November 24, 1883.

When the tumor was brought into view outside of the vulva I found it was a large fibroid attached to the fundus of the uterus by a short, thick pedicle. It was carefully enucleated from its attachments. By pressure and indentation of one horn the body of the uterus was readily reinverted (as the caliber of the cervix had been maintained in a dilatable condition by the partially inverted organ).

In my former paper (*loc. cit.*) I offered for consideration the following conclusions, which apply even more forcibly to the conditions which we are now considering. They are:

1. By traction and enucleation we get the benefit of normal uterine expulsive power.

2. We do not incur the risk of amputating a portion of the uterus or of cutting off a portion of the tumor and leaving it in the cavity.

3. We leave a clean intra-uterine surface.

4. We have a perfect means of diagnosis between a projecting fibroid tumor and inversion of the uterus.

INTERSTITIAL PNEUMONIA AND ITS TERMINATIONS.

By Jackson Piper, M.D.,
Towson, Md.

READ AT THE ONE HUNDREDTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29 INCLUSIVE, 1898.

Case 1.—In the fall of 1857 I was called to attend a man whose whole appearance, at first sight, led me to suppose I had to deal with a case of phthisis pulmonalis in its advanced and closing stage.

He was thirty-five years old, had always enjoyed perfect health and had no history of consumption. He was of large frame, was greatly emaciated and was exceedingly weak. His pulse was quick and feeble, his respiration oppressed and hurried, he had fever, night sweats, a loose, harrassing cough, puriform, nummulated sputa, loss of appetite, restless, unrefreshing sleep.

Six months previous to my first visit he had had a severe attack of pneumonia, which his physician, after some months' attendance, finally pronounced acute phthisis (he knowing nothing about ascultation and percussion). There was a well-defined dullness throughout the entire lower lobe of the left lung, bronchial respiration and bronchophony. Instead of acute phthisis the man was suffering from an unresolved pneumonia.

Under stimulants, a generous diet and in particular the free use of iodide of potassium with the syrup of the iodide of iron, and a succession of large fly-blisters over the part affected, he made in a reasonable time a perfect recovery.

Case 2.—Some fifteen years ago a man entered my office who was evidently very sick. He was fifty years old, of medium height, rather fleshy, his muscles soft and flabby. His complexion was sallow, mind dull, speech slow, gait uncertain. His pulse was quick and weak, breathing hurried, cough frequent and loose, and he had a moderate fever. I fancied he was suffering from recurrent attacks of intermittent fever.

On further inquiry he stated that sev-

eral years previous he had had an attack of pneumonia, and from having been a strong man, his health had sensibly deteriorated; that he himself was aware, and that it was plainly evident to his family, that his expectoration emitted an intensely fetid odor. On examination of his chest I found marked dullness on percussion over the middle and lower lobes of the right lung, and auscultation revealed the presence of several large cavities in both lobes. It was evident he was suffering from extensive gangrene of the lung following chronic induration of lung tissue from an acute pneumonia.

Several weeks after Dr. James H. Jarrett and myself made a post-mortem examination. We found this consolidated portion of the lung broken and disintegrated into a number of cavities, large and small, in one of which was a round, firm mass (a sequestrum) the size of a pigeon's egg, presenting the appearance of having attained its shape and firmness by friction against the walls of the cavity. On cutting through this mass we found it to consist of sphacelated lung tissue. The affected portions of the lung were dark, black and indurated in parts, the remainder being broken up into ragged cavities, more or less filled with gangrenous matter, horribly offensive.

Case 3.—The spring of 1897 I was called to see Mrs. S., living near Sherwood, Md., a former patient of mine previous to 1887. She had no organic disease when I attended her, and her troubles then arose from dyspepsia and neurasthenia. She is the mother of a daughter, now a well-developed, hearty young lady. The mother was always a frail person, of a nervous temperament, but of indomitable will power and untiring energy. She is now fifty-seven years old. Her history in the past few years is as follows:

January 6, 1890, she was taken with an attack of grippe, followed by gastritis. One week after recovery from this disease she was seized with a pneumonia, which involved the right middle lobe. Two weeks after the left lower lobe became affected. Resolution occurred in the left lung, but the right lung never cleared up. She was ill on this occasion for four months, half of this time being spent in bed.

Her physician, she tells me, was aware that the right lung remained consolidated at the time he discontinued his visits, and that he expressed himself as unable to account for it. Her health has never been good since, as she has suffered more or less for the past three years with pulmonary hemorrhages, nervous prostrations and increasing physical debility. Report has it that her mother and brother died of consumption.

April 29, 1897, her condition was as follows: Very much emaciated, countenance anxious, face sallow and pallid, tongue pale, moist and coated with a soft white fur, bowels constipated, no appetite, frequent nausea, sleep uncertain and unrefreshing. Her pulse was 140 and weak, respiration 35, cough frequent, dry and attended with but little expectoration, which consists sometimes of mucus, sometimes frothy and at other times viscid. It has no odor. She has evening fevers, temperature 102° and profuse night-sweats.

On percussion there was marked dullness over the middle lobe of the right lung, embracing an area of three to four inches in diameter. Auscultation gave bronchial respiration and in the center of the infected portion coarse, moist subcrepitant rales and gurgling sounds, indicating a cavity. She steadily grew worse, her debility, fever and nausea increasing and in addition hematuria and diarrhea supervened. Her pulse went up to 180, respiration 60, temperature 104°, and dissolution seemed imminent.

On May 11, after a severe attack of nausea and retching, she was seized with a copious ejection by the mouth of black, fetid matter. This matter on inspection presented the three different layers characteristic of gangrenous abscess of the lungs. Soon after the discharge of this matter a marvelous change occurred. The fever disappeared, nausea ceased, night-sweats were arrested, the cough abated and she steadily gained in strength and somewhat in flesh.. Her spirits became buoyant and her appetite grew ravenous—the appetite one sees in

the convalescence from typhoid fever. The most indigestible articles of food were eaten with impunity.

Frequent examinations of her chest since have failed to discover any evidences of the presence of either a cavity or a consolidation. Her temperature, carefully taken from July 9 to July 15 gives a morning register of 98 2-5° and an evening register of from 98 3-5° to 99 4-5°. As this indicated a slight return of fever after some three weeks of normal temperature I obtained on two days' collection a small quantity of sputum for examination and sent it to Dr. E. A. Whitney, who reported, July 17, 1897, that tubercle bacilli were present in moderate quantities; it was distinctly purulent, yellowish in color, contained no blood or blood pigments and the odor was offensive.

Shortly after this examination was made she moved with her family to Corbett, Md.

September 9, 1897, her daughter wrote me, in answer to a letter of mine asking for another specimen of sputum: "I was very sorrow to disappoint you, but mother has no expectoration, her cough being slight and nothing raises."

September 16 she sent me a small amount, the result of an examination on September 18, 1897, by Dr. Wm. Preston Miller being as follows: Muco-purulent, yellowish gum; odor foul from saprophytic organisms; tubercle bacilli present in small numbers; cells present, mainly leucocytes, a very few, epithelial cells being present and numerous other bacteria.

The discharge of the abscess occurred May 11, 1897, making a period of a little over four months when this last examination was made.

I have selected these three cases from others of a like character which I have seen to show:

1. That an interstitial pneumonia, the result of an acute pneumonia, is amenable to treatment even of some months' duration, as exemplified in Case 1.

2. That if this consolidation is allowed unrestricted sway it will so deteriorate the general health as to imperil the life of the patient in itself or terminate either in gangrene, as in Case 2, or in both gangrene or consumption, as in Case 3. I have never been able to find any evidences of tuberculosis in Mrs. S. when she was formerly a patient of mine. The examinations made by Drs. Whitney and Miller show the presence of a few bacilli in contradistinction to an array of symptoms previous to the discharge of the abscess which, had they been the result of phthisis pulmonalis, would have appeared in far greater numbers.

My inference, therefore, is that the presence of these bacilli were superimposed upon the gangrene and that she is now affected with diffuse miliary tuberculosis. The absence of the characteristic odor of gangrene was due to one of two causes—either the abscess was encapsulated or that it was not connected with a bronchus.

A person who has the tuberculous predisposition when exposed to the ordinary causes of inflammation of the lungs, and at the same time is infected with tubercle bacilli, instead of having a simple exudation or a productive pneumonia, has inflammation of the lungs, partly exudative, partly productive. If such a lung undergoes softening and ends in gangrene you may still discover evidences of localized tuberculosis, and certainly the presence still of the tubercular cavity. There were no such evidences in Mrs. S.'s case. As soon as the abscess, which set up a septicemia, was removed all evidence of the pre-existing disease disappeared and her condition rapidly improved.

There are several additional points of interest in these cases, which I will briefly refer to:

1. Why should an acute croupous pneumonia fail to undergo resolution?

2. Why should gangrene occur in such cases?

3. What biological changes occur in the process towards recovery?

In answer to question one, the inflammation itself is, from the outset, anatomically distinct from the ordinary form.

"It is from the first an exudative inflammation, with the production of new tissue, not as simple exudative inflammation. Such an inflammation naturally lasts longer and is more likely to be-

come chronic than in the case with a simple exudative inflammation."

This condition may be caused by tuberculosis inherited, by syphilis inherited or acquired, by intemperance or in the offspring of the intemperate, from the depressing effects of neurasthenia, anemia and unsanitary surroundings. As to the pathological changes which take place in the lung itself Cohnheim says: "Resolution of an inflammation takes place through the lesion of nutrition in the walls of the vessel, and this is effected by the action of normal blood."

In croupous pneumonia, so long as no further changes take place, the vessels in the inflamed part never become obliterated. They remain pervious, however much compressed, by the exudation. This is proved by injecting the lungs from the pulmonary artery. The forces which move the blood remaining intact there is no reason why the circulation should not be restored. But if stasis takes place in the vessels, and the tissues are no longer nourished by them, resolution is arrested and the lung passes into a state of passive induration, which nature cannot overcome, but which can be overcome by art.

A step further and my second question is answered. Why should gangrene occur in such indurations? If the stasis is not relieved local death and necrosis ensue in the tissures nourished by these vessels. Cohnheim says: "Gangrene of the lung is produced in the part which is withdrawn from the influence of the restorative powers of the living organism, its decomposition resulting from its exposure to the action of the parasitic bodies which excite putrefaction, a process similar to the decomposition of albuminous matter under the same conditions outside of the body."

Guergensen says: "Whenever the suppurative process so far exceeds its usual amount as to break down the elements which form the stroma of the lung a pulmonary abscess is formed which, under the conditions mentioned above, readily passes into a gangrenous abscess."

Pepper says: "The lung instead of being freed from the exudate at the regular time may remain in the condition of gray hepitization for weeks. The quantity of inflammatory products may be so great that the blood-vessels are compressed and portions of the lung become necrotic."

In conclusion, in answer to the third question: Gangrenous abscesses either heal perfectly or they undergo partial healing. After evacuation of their contents through the bronchi a new connective tissue is formed, which forcibly contracts; rich granulations spring up inside the cavity, which lie in such close proximity or apposition to each other that they finally grow together and become connected in a hard, cicitricial mass, or finally the gangrenous mass may undergo a kind of imperfect healing process, in which case the remaining shreddy sloughs are cast off from the walls of the cavity, which becomes lined with a tough, often hyperemic, membrane composed of connective tissue, the result of a process of reactive inflammation. This forms a kind of pyogenic membrane and keeps up a continuous supply of pus (Hertz).

The practical lessons that these cases teach are, never to leave a patient with an unresolved pneumonia until all known remedies are used capable of effecting resolution. Even if death seems imminent from apparent phthisis pulmonalis, if there should be a history of pneumonia, not to overlook the possibility of gangrene even if there should be no odor in the sputum. The very rarity of interstitial pneumonia and its peculiar complications should keep us on the lookout as to their possible occurrence.

Locomotor Ataxia and Aortic Disease.—Ruge and Hutter found (Alienist and Neurologist) in 138 cases of locomotor ataxia twelve, or 8.76 per cent., with valvular disease. Nine cases, or 6.5 per cent., had aortic lesion. The valvular affection generally showed after tabetic symptoms were advanced. Five were syphilitic, a sixth probably so, in one case no evidence of this disease. In two cases aortic aneurism was associated with the valvulitis. Rheumatism noted in two cases. The authors believe that the association of the two diseases is the result of syphilis.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

By W. T. Councilman, M.D.,

Shattuck Professor of Pathological Anatomy, Harvard University Medical School.

THE ANNUAL ADDRESS BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AT ITS ONE HUNDREDTH ANNUAL SESSION, APRIL 26 TO 29, 1898.

(*Continued.*)

The acute fulminating form of the disease seems to have been more common in the early epidemics than in the late. In the first epidemic in Massachusetts Jackson says many of the cases died suddenly in ten to twelve hours after the first symptoms. Cases are reported in which death took place five hours after the initial symptoms. Hauser made an autopsy on a case which died in six hours, and found only injection and cloudiness of the meninges.

Eight of our cases were extremely acute. In five of these the time from onset to death was three days, in one two days and in two about thirty-six hours. Certainly in one of these cases the history seemed to have been at fault, for at the autopsy there was extensive diplococcus pneumonia.

The chronic form includes those cases which Hirsch grouped under the typhoid form. In thirteen of the fatal cases in this epidemic the average duration of the disease was forty-three days. In one case, in which a post-mortem examination was made, the duration was seventy-four days, and in another the time given was thirty days, and may have been much longer. In two of the cases which recovered, and in which the disease ran a typical chronic course, with numerous complications, remissions and exacerbations, the duration was five months.

The symptoms in these chronic cases may be due to the persistence of conditions left by the acute attack. The exudation may not be absorbed completely and a slow form of inflammation may be developed. The condition of the patient in these chronic cases seems often to be due to an extensive and general neuritis. I have found in these cases extensive degeneration in the cord and nerve roots and a less marked degeneration in the peripheral nerves.

Intermittent and remittent types were common in this form. The disease is characterized by decided remissions, or in some cases actual intermissions, in which not only the fever, but all of the other symptoms of the disease abate. The remissions may be followed by exacerbation of all the symptoms. These cases are probably due either to the successive involvement of parts of the meninges which have been hitherto free from inflammation or to a fresh growth of the organisms. A case seen at the Children's Hospital would point to this. In this case two spinal punctures made at periods of remission showed an almost clear fluid, with absence of organisms, microscopically or in culture. A spinal puncture made during one of the exacerbations gave a cloudy fluid, containing numerous pus cells and diplococci.

In 111 cases in which the symptoms were analyzed vomiting was absent in but forty-one, and in nearly all of these stupor and unconsciousness or delirium was marked from the beginning. Vomiting may appear among the initial symptoms, or later in the course of the disease. It is generally regarded as cerebral in origin and due to direct or reflex stimulation of the vomiting center. Delirium was present in sixty of the 111 cases. The character of the delirium varied greatly, sometimes being so violent that the patient had to be forcibly restrained; in other patients it was of the low muttering variety. In many cases it developed very early, and in others at a late period of the disease. It was not more frequently present in the cases which died than in those which recovered. Some patients were delirious from the time they entered the hospital until death; in others there were periods of delirium, alternating with periods of consciousness. The attacks of delirium were not always coincident with increase of temperature and aggravation of the other symptoms.

Almost without exception pain was a constant phenomenon in the cases ob-

served in this epidemic. The headache was often agonizing, and was felt either generally or to a greater degree in certain portions of the head. Patients often complained of headache in the occipital region, extending down the back; in other cases the headache was frontal, and often assumed the character of an intense neuralgia. In a few cases, mostly in children, the first symptoms of the disease were colicky pains in the abdomen and in some cases pains in the extremities. Patients often buried the head in the pillow to shut out light and sound. In the course of the disease the pain varied in character and intensity. There were periods in which the patient was free from pain, alternating with periods in which the pain would become more intense. These severe attacks of pain were often followed by periods of unconsciousness. Pain was more constant in the head than in any other part. The pain suffered can easily be accounted for. The general pain in the head is due to the inflammation of the meninges. The neuralgic character of the pain may in some instances be referred to the extension of the process from the meninges to the Gasserian ganglia; the pain in the cervical region and back may be referred to pressure exerted by the exudation on, or inflammation of, the posterior nerve roots.

NECK SYMPTOMS.

Symptoms referred to the neck were found in all but twenty-eight cases. In many cases there was pain in the neck, sometimes spontaneous or produced by pressure. In many there was simple stiffness in the muscles, without contraction or retraction of the head. In all these cases any attempts to move the head or neck increased the pain. The muscle contractions were sometimes limited to the neck; in some cases the muscles of the back were also affected, producing opisthotonos. In one case in which the neck symptoms were absent the post-mortem examination showed that the cervical cord was very slightly affected. It is obvious that all these symptoms can be referred to the effect of pressure on, or inflammation of, the spinal nerve roots.

COMA, ETC.

Various disturbances of consciousness, which varied from stupor and drowsiness to deep coma, were noted. In some cases coma came on in the beginning, and the patient remained in a comatose condition until death; in other cases it was among the later symptoms. Variations may appear not only from day to day, but from hour to hour. Insensibility will suddenly give place to consciousness, intense pain in the head may cease and a marked opisthotonos may suddenly relax. Paralysis was rare. In two cases there was unilateral facial paralysis; in one, bilateral; in one, paralysis of the right leg, and in two, complete hemiplegia. In one of the cases of hemiplegia, in which a post-mortem examination was made, the exudation in the meninges was much more abundant on the side opposite the paralyzed side, and there was marked purulent infiltration of the cortex. Minute foci of hemorrhage, with surrounding purulent infiltration, were found in the internal capsule.

Affections of the skin seem to have played a much greater part in the early epidemics, and were especially marked in the epidemics in Ireland. Herpes was mentioned as occurring in thirty-five cases. It is possible that its presence was not always noted. The amount of it varied from an eruption of a few fine vesicles to an abundant eruption of large vesicles. Cultures were not made from the contents of the vesicles. Petechiae or larger hemorrhagic foci in the skin were found in eleven cases. They were most abundant in two fatal cases, the duration in one case being two days, in the other seven days. In the two-day case, that of a child, there was present all over the body an abundant eruption, which developed with great rapidity. The spots were more commonly found over the elbows and knees. Circumscribed areas of hyperemia, which disappeared on pressure, were mentioned in a few cases. Hemorrhages in the skin were found in but one of the cases in which a post-mortem examination was made. In the centers of some of these there was a beginning formation of pustules.

PNEUMONIA.

The relation between pneumonia and the epidemic meningitis has been complicated by confusing other forms of meningitis with this. Meningitis is sometimes seen in connection with acute croupous pneumonia, and is due to a metatasis from the lungs. And from this it has become a common belief that pneumonia is a frequent complication even of epidemic meningitis. In most cases the character of the pneumonia is not defined, but it is apparent that croupous pneumonia is referred to. It has been frequently stated that epidemics of pneumonia have occurred at the same time with epidemics of cerebro-spinal meningitis, and this statement has been used by those who sought in the pneumococcus the cause of epidemic meningitis. We have not been able to find the authority for such a statement. It is very possible that the opinion of the relation between the two may be due to the fact that both diseases are more common at the same time, that is, in the late winter and spring. Practically all of these accounts of the relation between the two diseases come from clinical sources.

In several cases there were small foci of broncho-pneumonia and small areas of congestion in the lungs from which the pneumococcus, along with other organisms, was obtained. It is very possible that many of the cases of pneumonia which have been reported in connection with epidemic meningitis were not cases of genuine croupous pneumonia, but cases of diplococcus pneumonia. This was found in nine cases, and in one the amount of lung involved was so extensive that it could have been mistaken both clinically and anatomically for a case of croupous pneumonia.

Affections of the eyes are common, and can easily be due to three causes. In the first place, there may be neuritis or degeneration of the nerves of the eye, due to their involvement in the exudation at the base of the brain without any extension of the inflammatory process to either the orbit or the eye. This condition seems to affect the oculomotor more than the other motor nerves. Pressure of the exudation around the nerves may cause paralyses, which are often temporary. The optic nerves may also be involved in this exudation. Secondly, the inflammation from the meninges may extend directly from the brain into the eye, the route most frequently chosen being the pia-arachnoid of the optic nerve. All of the cases of purulent choroido-iritis, and the very rare cases of suppuration in the orbit, are probably due to such an extension. Most of the ophthalmologists seem to have a deeply rooted belief that these conditions are due to metastasis, but it is plainly not a metastasis, but a direct extension. Undoubtedly there are cases of metastatic choroido-iritis seen in connection with other forms of meningitis, but in these cases both the meningitis and the eye lesions are due to metastasis. Such are the cases of meningitis accompanying acute endocarditis, croupous pneumonia and certain other infectious inflammations. The lesions of the cornea may be due to an extension of the inflammation to this from the iris and ciliary region, which was undoubtedly true in one case examined. The third cause of the eye lesions, and that to which most of the cases of keratitis in meningitis are due, is neuritis of the fifth nerve, with inflammation and degeneration of the Gasserian ganglion and loss of sensation. There are no lesions due to tropho-neurosis. Purulent conjunctivitis, which is frequently found, may also be due to this lack of sensation. We have but one record of the examination of the pus from the conjunctiva, and no diplococci were found.

Some confusion has existed in the minds of writers as to the relation between otitis media and meningitis, some regarding the ear affections as primary, others as secondary to the meningitis. There are forms of meningitis which are secondary to ear disease, and result from the extension of the inflammation in the ear to the brain. In all the cases which we have seen of this the infectious organism was either the pneumococcus or the streptococcus. The ear lesions of epidemic cerebro-spinal meningitis are always secondary. In the notes on our cases pathological conditions relating to

the ears are mentioned sixteen times. The conditions found varied from pain and mastoid tenderness to deafness with or without otitis media. One case was operated on for mastoiditis and pus was found in the sinuses. Otitis media developed in five cases, and in three of these the pus was examined for diplococci. The organisms were found enclosed in pus cells in all three of the cases examined. These cases of secondary otitis media with diplococci in the pus cells are important, from the possibility of further infection which they offer. They also furnish proof of the extension of the infection from the brain.

Acute inflammation of the joints often occurs in this disease, and the frequency of joint affections varies greatly in different epidemics. In six of our cases acute inflammation of the joints was found. Five of these cases recovered. At all of the post-mortem examinations the articulations were examined with great care, but no lesions were found in them. It is greatly to be regretted that the opportunity was not given for careful bacteriological and histological examination of this interesting condition, to ascertain its cause and its relation with the other lesions of the disease.

BLOOD.

Blood counts were made in thirty-three cases. In many of these a number of counts was made at varying intervals throughout the disease. Leucocytosis was always present. The highest number of leucocytes in any case was 31,000; the smallest number was 9350. In general, when several blood counts were made during the course of the disease it was found that the leucocytes gradually diminished towards the end of the disease in those cases which recovered. Differential counts showed that the increase was due to the polynuclear leucocytes.

The pulse and temperature of the disease may almost be said to be characterized by the lack of characteristic features. All observers are agreed upon this. There is no relation between the pulse and temperature; a gradual descending temperature curve may be accompanied by a corresponding ascent in the pulse curve and *vice versa*. In studying a large number of charts this irregularity of temperature is most striking. Single charts might be selected which for a week or more show a curve very similar to that of typical cases of typhoid fever. The four-hour charts show the same irregularity as the morning and evening charts. In one case there was a rise of 5° during the visit of the attending physician. It was not possible to obtain a temperature chart for the whole period of the disease. A variable length of time, from one day to several weeks, elapsed from the onset of the disease until the patient entered the hospital. It would be very important to have a few observations of temperature from the onset. All the observations on temperature which have been recorded were made on hospital patients, in all of whom the beginning of the fever was not recorded. These variations in temperature do not seem to have been dependent upon complications of the disease. In one case the onset of acute croupous pneumonia was marked by a sudden rise in the temperature. While we believe that it would not be possible from a single temperature to diagnose the character of the disease, the observation of a number of charts in an epidemic would enable us to be certain of its character.

MENTAL CONDITION ON RECOVERY.

The influence of epidemic meningitis in producing a permanent impairment of the mind has not received the attention it should have. It is certain that pathological alterations may be produced in the brain which are not easily recovered from. Baxa found that the disease was sometimes followed by idiocy. According to Blümm, the influence of the disease on the intelligence may be marked. In our cases there are notes on abnormal mental conditions of four patients at the time of discharge from the hospital. Marked mental impairment was noted in two cases, a third was irrational and childish, and a fourth was stupid and did not recognize his relatives. None of these cases could be followed up to see whether the mental disturbance was permanent.

The surest method of diagnosis in meningitis, and one which should al-

ways be carried out, when possible, is by lumbar puncture. The method is easy, and experience has shown it to be devoid of danger. If properly carried out in the early stages of the disease, which is the time when there is most difficulty in diagnosis, it is almost conclusive. It certainly deserves to be ranked as a method of diagnosis with the examination of the sputum.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

WEDNESDAY, APRIL 27—DAY SESSION.

THE minutes of the previous meeting were read, corrected and adopted, and fifty-two new members were elected.

Dr. Jackson Piper then read a paper on "Interstital Pneumonia" (see page 585).

Dr. J. E. Gichner then read some remarks on "State Sanitaria as a Means to Diminish the Spread of Tuberculosis," in which he said that tuberculosis in all its various manifestations is caused by one and the same organism; that the cause of disease is distributed by these consumptives, and that we have no place in Maryland where patients can be exclusively treated and taught how to live; that many cases get well without suspecting infection, and that the patient tends to recover when given the opportunity to create resisting tissues, and this tends to explain the many cases of recovery, and, lastly, he thought that the best results of our labors to cure the disease were to prevent it. Physicians should be sanitarians. There should be a State sanitarium where patients should be treated properly.

Dr. William B. Canfield said he thought that one point which Dr. Gichner made was especially good; it was that patients tended to get well when given the opportunity to create resisting tissues; that he had been connected with a small hospital for the treatment of consumptives in the city of Baltimore, and had noticed a marked improvement in cases which had received no medicine, but only food. This hospital is supported entirely by private contributions and receives no city or State aid. There had been treated in the last two years forty-two cases, and of these probably one dozen had so far recovered that they were able to return to their former occupations. This hospital is for the treatment of incipient cases principally, and he would be glad to have physicians throughout the city and State who had cases of early tuberculosis to notify him and they would receive free treatment.

Dr. Gichner said in reply that he had purposely not mentioned this institution because of its being a private one and being situated on a dusty street where cars passed and not in accordance with his ideas.

Dr. John Ruhräh then made a report of "A Year's Work in the Preventive Treatment of Rabies." He said: The opening of a Pasteur Institute in Germany during the past year is very gratifying to the believers in the treatment throughout the world. The Germans were very skeptical for a long time, and encouragement is taken, since they permit and encourage the institute.

It is customary at the Institute Pasteur in Paris to publish monthly statistics of the cases treated and to combine these at the end of each year. For the sake of uniformity we have followed the form of statistics, but owing to the small number of cases we have decided to issue the statistics yearly.

In sifting the information recorded in each case the first step is to divide the patients into three classes:

1. Those bitten by animals in which the diagnosis of rabies has been confirmed by inoculation experiment.

2. Those in which the diagnosis was made by a competent veterinarian.

3. Those in which the diagnosis was made on evidence furnished by others than veterinarians, or what might be classed as suspected rabies.

Our cases all come under the first and last classes, as in all cases where the diagnosis was made by a veterinarian it was subsequently confirmed in the labora-

tory. The number of such cases was, however, very small, owing to the comparative small number of competent veterinarians in this country, and also to the fact that the laity are not yet educated up to the standard where a veterinarian is regarded as necessary in the diagnosis and treatment of the diseases of animals.

The second step in the compilation of statistics consists in dividing the cases into classes, according to the location of the wounds and also as to their number.

Thirdly, as to whether the cauterization was effective or not. The reason for separating the bites according to location is the greater liability to contract the disease when the wounds are on the head. The danger is slightly less when the bites are on the hands, and very much less when they are on the body.

The liability to infection increases directly as the number of bites. In bites on the body an important point is whether the clothes have been torn. In cases where the clothing has been torn the danger is greater than where the teeth have punctured it, as in the passage through the fabric the virus may be partially or wholly wiped off. If the clothing has been forced ahead of the teeth the danger of the virus infecting the individual is very slight.

To be effective cauterization should be done within a half-hour after the infliction of the bite. The sooner the better. Cauterizations done an hour or more after the infection may be regarded as entirely useless. The method used should be that of actual cautery with the hot iron in preference to all others. It has the great advantage of being the most effective and also, generally speaking, the only method that can be practiced at all times and places. Any piece of iron heated to a red heat is all that is necessary. Of the chemical agents nitric acid is to be preferred to all others. Almost all of the chemical applications as ordinarily made are ineffectual. The one most commonly used—nitrate of silver—is of no value whatever in the prevention of rabies, and yet in spite of repeated announcements to this effect it is the one commonly used and is also widely recommended by many medical teachers.

Our work here has brought to light one fact that is not very generally accepted by either physicians or laity, and that is the very great prevalence of the disease in this and adjoining States. Of forty-two dogs examined in our laboratory by Professor N. G. Keirle and myself seventeen proved to be rabid. This accords with the statements made by Professor Welch and Dr. Clements concerning the frequency of the disease. It occurs epidemically among the animals of the various counties from time to time. These epidemics affect the other domesticated animals as well as the dogs, the disease being transmitted to them through the bites of the rabid dogs.

During the year we have treated thirty-five cases, and none of these have as yet shown any signs of the disease. Of this number two-thirds were bitten by animals proved to be rabid by laboratory experiment, and the others were cases in which rabies were suspected. In these latter cases we were unable to obtain the dog for the inoculation experiment. We have used every care to treat only such of these cases of bites by animals suspected to be rabid as were really in danger of having the disease developed in them. In each case the clinical evidence of the disease was carefully weighed and forty-seven of the cases which applied for treatment were told they were in no danger and did not require treatment.

Classified according to States, there were twenty cases from Maryland, two from West Virginia, three from Virginia, six from North Carolina, two from South Carolina and two from the District of Columbia.

Comparing our cases with the figures given by the Comité d'Hygiène for ten years, from 1862 to 1872, as quoted by Suzor, we find that in Paris, out of fifty cases from bites on the face, forty-four died; 113 cases from bites on the hands, seventy-six died, and ninety-five cases from bites on the body, twenty-six died, while at the institute in this city six cases have been treated for bites on the face, sixteen for bites on the hand and thirteen for bites on the body, all of which were successful. The patients are all well.

Among the cases treated the most interesting was one where a physician had been bitten on the ear by a rabid cat. The cat also bit a child. The child died of rabies. The physician was treated and is now well.

Many questions concerning treatment have been asked us during the year, but none more frequently than why is it that after the Pasteur treatment has been inaugurated at any place there is such an immediate increase in the number of cases or rabies both in men and animals. This is regarded always as an unanswerable question, especially by the opponents of the treatment. The reason is very apparent. There is an immediate interest taken in the disease by the whole community, and cases that would be otherwise passed over or incorrectly diagnosed are all made out and find their way either into the medical or the secular press.

(To be continued.)

ASSOCIATION OF AMERICAN PHYSICIANS.

THIRTEENTH ANNUAL MEETING, HELD IN WASHINGTON, D. C., MAY 3, 4 AND 5, 1898.

WEDNESDAY, MAY 4, 1898.

Surgeon-General Geo. M. Sternberg, U. S. A., then read a paper entitled "Bacillus Icteroides (Sanarelli) and Bacillus *x* (Sternberg)," in which he referred to his first work, then the second paper on the subject, and in it he replies to Sanarelli's article in *Annales de l'Institut Pasteur* and in *Centralblatt für Bakteriologie*. The paper copies in part his work and had done him great injustice. He regrets that it is necessary to correct wrong statements made by Dr. Sanarelli. He quoted what Sanarelli says he said, and then stated what he really did say. He thinks there is not one micro-organism which can be indisputably said to be the specific organism, but he also thinks that one of them may be, and, secondly, they are both working in the same direction. His work is not taken up anew, but is a continuance of what he began some time ago. His bacillus *x* was found in the contents of the intestines in some cases, but Sanarelli did not find any there at all. It is very bad teaching to say that the organism cannot be found in the contents of the intestines, for if it were not there, there would be no necessity for disinfecting the clothing, etc. The alvine discharges of the sick are very dangerous. Sternberg did not make any clinical notes, because he had not the time, but he had great experience, while Sanarelli had no experience in the disease. Sternberg had had the yellow fever in 1875, and he had seen a great many cases, and always made an autopsy and collected material for bacteriological examination, and while in Havana he personally made forty-three autopsies in four months, and he always made his autopsies from two to five hours after death. This was against the law in Havana, but the authorities connived at it and assisted him greatly in the work. He obtained the cultures from Dr. Roux, in Paris, of Sanarelli's icteroid bacillus, and there was a difference between them. The organism of Sternberg's *x* bacillus was motile in Havana, but here it was not, although the flagella could be seen stained. He passed the culture through guinea pigs and found that the bacilli became motile again. If neither organism is the specific organism of yellow fever, then one is just as good as the other. Sanarelli experimented on man, but Sternberg has not done that yet.

Dr. A. C. Abbott of Philadelphia asked if Dr. Sternberg had had a parallel experience with the colon bacillus and others of that kind for comparison's sake. He feels personally that the two organisms are identical. He questions its virulence. The colon bacillus is sometimes virulent and sometimes not.

Dr. V. C. Vaughan of Ann Harbor said that Dr. Novy had begun work on Sanarelli's germ a year ago, and there is no proof that Sanarelli's germ is the cause of yellow fever. His experiments on man are simply ridiculous. He did not know what was the matter with the men he used in the hospital, and when he says the case showed marked effects we do not know what he means. We might get marked effects from other germs. He does not believe that yellow fever is caused by the organism, and thinks, as

they do in the South, that yellow fever never originates in the North. Sanarelli's germ was not affected by freezing and thawing, and his observations of an agglutination were made in a test tube, and it is absurd to study agglutination in that way. The blood of his students in his university had caused agglutination, and they were healthy men. Sanarelli's germ is very virulent and caused agglutination.

Dr. William Osler of Baltimore said that much stress had been laid on the work by Dr. Archinard in the recent epidemic that seemed most favorable to the Sanarelli bacillus. The experiments of Sanarelli on man are not ridiculous; that is not the proper word. Almost every dose of medicine is an experiment. We do not know, for instance, what effect iodide of potash will have in certain conditions. It is only an experiment. The experiments in medicine should be recognized. This is not ridiculous; it is criminal unless we obtain the man's sanction.

Dr. Sternberg said we want comparative experiments with the colon bacillus. This disease may be a fecal disease. The typhoid bacillus may be an offshoot of the colon bacillus. Yellow fever has a toxine, and the tetanus bacillus is also hard to find. We are not ready to accept Archinard's work because it is so much better than Sanarelli claimed.

Dr. Theobald Smith of Boston then gave a *résumé* of "Comparative Studies of Bovine Tubercle Bacilli and of Human (Sputum)." This was a *résumé* upon fever cultures of tubercle bacilli from human sputum and of five cultures from cattle. One culture each from the pig, the horse and the cat were also included in the series. Differential characters relating to the morphology of these different bacilli, their biology and pathogenic power as tested upon guinea pigs, rabbits, pigeons, mice, cattle, were discussed. The bovine bacilli are sharply distinguishable from the human bacilli by their greatly augmented pathogenic power. The paper closed with a discussion of the probable value of the differential characters in definitely tracing the sources of human disease occasionally referred to the lower animals, especially cattle, and of the necessity of a closer comparative study of tubercle bacilli from different forms or human tuberculosis.

Dr. Abbott said that Dr. Smith had given much attention to this subject, and there has appeared a similar piece of work by Rabinowitsch. He claimed that some butter contained the tubercle bacilli. He thought that this was very important.

Dr. Smith, in reply, said he had never found tubercle bacilli in butter, and that was outside of the work he had outlined.

Dr. Osler said it was interesting to determine whether the bacillus causing the lesions of scrofula have the same difference as the other organisms as the difference in animals and the difference in the inoculation in guinea pigs, rabbits, etc. Fever is an important prognostic sign.

Dr. Smith said that this was in his paper, but he had passed it by, as the paper was so long. He referred to the recent work of Euclaire. He had endeavored to help this work by selecting four cases of tuberculosis of different kinds, and he inoculated guinea pigs in the abdomen and the inoculation proved fatal to all.

Dr. Simon Flexner of Baltimore then read a paper entitled "Pseudo-Tuberculosis Hominis Streptotricha." He first spoke of streptothrices in general, and then described a case, that of a colored male, aged seventy, who presented the symptoms and physical signs of pulmonary and peritoneal tuberculosis. No sputum was obtained. The autopsy exhibited extensive consolidated foci in the lungs, which resembled, in gross appearances, areas of caseous pneumonia and nodules in the peritoneal cavity, which were indistinguishable from true tubercles. The bacteriological examination revealed no tubercle bacilli, but a micro-organism in the lungs and "tubercles" which belong to another genus, and for which the name of streptothrix pseudo-tuberculosa is proposed. This is an exceptional case, but these organisms ought to be thought of and always looked for in doubtful cases.

Drs. S. J. Meltzer and *T. S. Cheesman*,

New York, then read a paper entitled "An Experimental Study of the Direct Inoculation of the Spleen with Micro-Organisms, and a Contribution to Our Knowledge of the Importance of the Lesion of a Body-Tissue for the Settlement and Development of Bacteria Within It." It was the result of a long series of experiments in which organisms were inoculated and injected into the spleen, and after a few hours autopsies were made which showed that the organisms had disappeared from the spleen and were found in other organs of the body, while the culture in the spleen is usually sterile. Are these bacteria destroyed in the spleen or are they carried out? The tying of the portal vein did not prevent the spleen from being sterile. When certain parts of the spleen were ligated they were found to contain bacteria, and when the bactericidal power of the blood is exhausted the bacteria multiply very rapidly.

Dr. Welch said that this demonstration was very welcome, but hardly seemed conclusive evidence that bactericidal substances are less in the spleen than elsewhere. The ligation of the spleen caused the appearance of the bacilli. It is likely that the bacteria in the ligated areas is analogous to the bacteria found in cauterized areas. They were there because the spleen was damaged.

Dr. A. Jacobi of New York, in referring to these statements, said that when the tissues are normal we do not find bacterial invasion. Diphtheria organisms will not grow in a healthy throat, with the exception of the healthy tonsil. Tuberculosis will settle in the ends of the bones, because there circulation is slower. The spleen changes in the course of the day. After meals it is larger and there are many organisms in it. A person has chronic malaria and is given a large dose of quinine, and then there comes on a severe chill, because the quinine contracts the spleen and it is squeezed like a sponge, and the chill is the response. He has noticed the same thing in giving ergot in malaria.

Dr. Meltzer, in referring to Dr. Welch's statements, said he agreed with him. He also replied to what Dr. Jacobi had said.

Dr. M. H. Fussell then read a paper on "Acute Leucemia," in which he described two cases of his own. Fifty-six cases had been collected in all, and statistics showed that it was most common between the tenth and thirtieth year. Five cases were over forty years old; thirty-three were males and twelve were females. He gave a most careful clinical history of these two cases, and showed the specimens under the microscope.

Dr. Osler, in discussing these cases, said that the limit of sixty-three days for an acute case was rather narrow. There are cases which are called acute which run from three to four months. He has a patient now with enlarged glands and has fever, and this is practically an acute case. Glandular enlargement often disappears under treatment with mercury.

Dr. E. G. Janeway of New York said that out of seven cases that he had seen one had acute glandular enlargement, one had sub-acute leucemia, with enlarged tonsils.

Dr. F. C. Shattuck of Boston asked if there were any autopsies held in the cases that Dr. Fussell had quoted and in his own cases. Dr. Shattuck also related a case of his own which was sent to him by another physician, who said it was leucemia, but when he saw the case he thought it was one of kidney trouble.

Dr. Fussell said that autopsies had not been made in all the cases. He said he had excluded many cases collected by Ebstein which were doubtful, especially those cases in which no autopsies were performed.

(To be continued.)

PNEUMOCOCCI ON THE HEALTHY TONSIL.—MM. Bezançon and Gridon of Paris have been making bacteriological examinations of the surface of the healthy tonsil, and they announce in the Lancet that this organism is almost invariably present in the tonsil. Instead of using inoculations *en masse* they used the serum of a young rabbit as a culture medium, and they proved by these experiments that the pneumococcus is invariably present on the tonsils of healthy persons without the presence of pneumonia, and their only explanation is that this organism may be the cause of a variety of diseases.

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BALTIMORE, MAY 28, 1898.

The Faculty's Constitution.

ONE of the committees which did not report at the recent annual meeting of the State Faculty was the committee on revision of the constitution, because it did not feel that such an important subject could be disposed of along with the reports of other committees, and also probably because it had not completed its work to its own satisfaction.

The JOURNAL has from time to time been in receipt of suggestions regarding the proposed changes in this constitution, and doubtless many of these suggestions have already been considered by the committee on revision, and some of them belong more properly to the by-laws, which can be changed with less formality than can the constitution.

In looking over the *personnel* of the board of trustees, the executive and library committees, there will be seen that several names appear on all three and many on any two. A suggestion has been made that members of the board of trustees should hold no other office in the Faculty, and this board should have its own chairman, secretary and treasurer, the latter to be accountable to this board only. This board should hold the title of the building, and should endeavor to collect fees for the payment thereof. This board should have nothing to do with the domestic management of the property, which should be left to the executive committee, whose duty should be to buy coal, hire the assistance needed, attend to the internal management of the society, collect from renting societies and others using the hall for pay. The executive committee should endorse all such accounts which should be paid by the Faculty's treasurer. The library committee should confer with the executive committee, and not with the trustees.

The treasurer of the trustees and the treasurer of the Faculty should be different persons; they should both be bonded in a reliable company, and the funds should always be kept on deposit in some bank to be designated respectively by the trustees or the executive committee, and the money should, under no circumstances, stand in the name of any individual. No member of the Faculty should be appointed on more than one committee or one section.

In line with some of the less weighty but equally important suggestions is the formation of a hospitality committee, or such a duty could be undertaken by the programme or membership committee, by which county members should be officially received and to a certain extent entertained, a central place for boarding should be picked out and rates sent to each county member. At the banquet the county members should be received and introduced. No one person should read more than one paper at any meeting. No paper should be read which has been read elsewhere. The selection of a special subject with persons appointed to discuss it should be made. The sessions should be shorter, lasting only three days, and the programme should be sent out two weeks in advance. Any member sending the name of a subject of a paper to the programme committee should also submit a short abstract of it, and should prove that he is ready to read a paper, and is not attempting to advertise himself on the programme by announcing a paper unprepared and unthought of.

There are many other suggestions that might be made by those who notice intelligently the course of these meetings. The Faculty is a power in the State; it should remain so, and while most vigorous, it is certainly time, in this, the one hundredth year of its age, to give it a new constitution and a more intelligent management of the details which go to make up a successful annual meeting.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 21, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	15
Phthisis Pulmonalis	..	25
Measles	73	1
Whooping Cough	10	..
Pseudo-Membranous Croup and Diphtheria.	20	2
Mumps	..	..
Scarlet Fever	8	1
Varioloid	..	..
Varicella	1	.
Typhoid Fever	..	2

Dr. Thomas B. Dorsett of Manchester, Va., died recently, aged sixty-two years.

Dr. J. M. Worthington of Annapolis has been reappointed physician to the Anne Arundel county jail.

The Maryland College of Pharmacy graduated its first woman at its forty-sixth annual commencement last week.

The Loomis Sanitarium has now opened a branch hospital in New York city for the reception of incurable cases.

The London *Lancet* lost a large part of one of its recent editions by a fire which broke out just as the copies were about to be distributed.

Dr. Charles M. Worthington, a well-known physician of Dickerson, Montgomery county, Maryland, died last Saturday at his home, aged seventy-four years.

The twelfth annual meeting of the American Association of Genito-Urinary Surgeons will be held at Cranston's Hotel, West Point, New York, June 7 and 8, 1898.

By the will of Mrs. Annie S. Paton, mother of Dr. Stewart Paton of Baltimore, $50,000 is left to the Manhattan Eye and Ear Hospital, and another $50,000 will be left at the death of one of her sons.

The Pennsylvania State Medical Examining Board will meet simultaneously at Philadelphia and Pittsburg from June 14 to June 17. Blank applications may be obtained from Hon. J. W. Latta, Harrisburg, Pa.

Many athletes and men supposed to be masters in physical exercise failed to pass the recent physical examinations in presenting themselves for enlistment in the regular army.

Dr. Frank Donaldson, late of Baltimore, and more recently of San Francisco and other places, is about to go on one of the government hospital ships as special correspondent to several of the leading medical journals of this country.

The late Caroline Croft of Boston left $100,000, the income of which is to encourage the discovery of some method of curing cancer, consumption and other diseases which are now considered incurable. The fund is in charge of Drs. Henry K. Oliver and John Collins Warren of Boston.

Dr. W. Gaston McFadden, in a letter to the *Journal of the American Medical Association*, says that while he likes to know who the author is of an article which he may read in a journal, he objects to that "inverted pyramid of accumulated honors" hanging like an excrescence to an ethical title of M.D.

The Medical Association of Georgia has elected the following officers for the ensuing year: President, Dr. Howard J. Williams of Macon; first vice-president, Dr. J. G. Hopkins of Thomasville; second vice-president, Dr. I. H. Goss of Athens. The next meeting will be held at Macon on the third Tuesday of April, 1899.

In compliance with the new vital statistics law, Dr. John S. Fulton has sent out to each county health officer blank cards for the return of vital statistics of each county. These cards will be distributed by the local health officers to each physician, and the results will be recorded by Dr. Fulton, who will thus endeavor to keep a full record of all births and deaths in the State.

At the recent meeting of the West Virginia Medical Society, held at Martinsburg, the following officers were elected for the ensuing year: President, Dr. John L. Dickey of Wheeling; vice-presidents, first district, Dr. W. P. Goff of Clarksburg; second district, Dr. Z. T. Kalbaugh of Piedmont; third district, Dr. W. P. Ewing of Charleston; fourth district, Dr. H. B. Stout of Parkersburg; secretary, Dr. G. A. Aschman of Wheeling; treasurer, Dr. Alonzo Andrews of Wheeling. The next meeting will be held at Weston.

Washington Notes.

A favorable report has been made by House District Committee on the House bill to regulate the sale of poisons in the District.

Surgeon-General Van Reypen has received some very substantial aid from the Colonial Dames of America for the sick and wounded sailors.

Dr. McWilliams, one of the oldest physicians in the District, died Tuesday morning. The Doctor was born in St. Mary's county, Maryland, and for many years was physician to the District jail.

During the past week there were 120 deaths in the District. From lung affections there were thirty-seven deaths, nine from kidney diseases, two from diphtheria, two from diarrhea, two from measles and one from scarlet fever.

Mr. McMillan has introduced a bill to change the proceedings for admission to the Government Hospital for the Insane. Its purpose is to prevent the taxing of the District for the permanent care of indigent insane persons who are non-residents of the District.

The catalogue of Howard University for 1897-98 is completed, and a summary of the different departments shows the number of students as follows: Medical department, 159; law, 95; theological, 33; nurses' training school, 37; college and preparatory, 155; normal, 204; agriculture and music, 182—total, 865.

The District Commissioners have adopted the following regulations for the examination of midwives:

"All persons desiring to practice midwifery in the District of Columbia shall apply to the Board of Medical Supervisors for licenses so to do. Applications for this purpose shall be in the handwriting of the applicants, upon blanks furnished by the secretary of said board, and shall be accompanied by satisfactory evidence that the applicant is, in each case, of good moral character and not less than twenty-one years of age; that she is a graduated trained nurse or has been regularly engaged as an obstetric nurse for not less than two years, and that she has been in actual attendance in her capacity as nurse upon not less than five cases of confinement under the care of physicians.

"All applicants for licenses to practice midwifery shall submit to examination upon (1) the management of normal labor, (2) the care of the mother and child during an uncomplicated puerperal period, and (3) the recognition, before confinement, of pathological conditions of the mother which are likely to complicate labor, and, during labor and the puerperal period, of pathological conditions of both mother and child and the duty of midwives in reference to such conditions.

"Examinations of applicants for licenses to practice midwifery shall be held commencing the second Thursdays in January and July of each year and at such other times as the Board of Medical Supervisors may direct, and shall be conducted by three physicians nominated for that purpose from time to time by said board.

"Answers of applicants to questions propounded in the examinations shall be marked on the scale of 100 in proportion to their approach to completeness and perfection, and no applicant shall be entitled to receive a license unless she shall have attained a mark of not less than seventy-five."

Book Reviews.

The Origin of Disease. By Arthur V. Meigs, M.D., Physician to the Pennsylvania Hospital. Pp. 229. Philadelphia: J. B. Lippincott Company, 1897.

This is rather an unusual book in the English language, and certainly one which the true student of medicine will appreciate and enjoy. While it is of such a comprehensive nature that it is difficult to analyze and discuss clearly, still in general it may be said that the whole object of the book is to show that disease originates in a general disease of the body, and while one organ may be affected the whole body is often at fault. The author's object seems to be to bring together that wide divergence of knowledge gained by specialists in different branches and give the general practitioner and the specialist in internal medicine an idea of this advance when the body as a whole is considered. It reminds one strongly of some German works of a similar character, and especially of such a work as Hoffman's "Allgemeine Therapie," which came out over ten years ago from the pen of a then professor at Dorpat. Dr. Meigs has illustrated his work with 137 original drawings, which, as objects of art and also faithfulness to the original, are

hard to be excelled. Most of the sections are from his own preparations, and are not only most beautiful, but are drawn on a scale and are in proportion. Dr. Meigs has given the profession a work which should remain as a classical production and should be read by all true lovers of medical science.

THE DISEASES OF WOMEN. A Handbook for Students and Practitioners. By J. Bland Sutton, F. R. C. S., Eng., and Arthur E. Giles, M.D., etc., London. With 115 illustrations. Philadelphia: W. B. Saunders, 1897. Price $2.50. Pp. 436.

This is a small handbook in 47 chapters, which is written from an English point of view. It opens with a chapter on the anatomy of the female genital organs and takes up each disease in turn. It may be rather meager in some parts, but on the whole the book is well written and facts are stated clearly and concisely. There is no attempt to give authorities and no theories are indulged in. It is written especially for students preparing for examination, and as such will fulfill its mission. The illustrations, which are by both of the authors, are in the main well done, and the book will prove to be an important aid to the student who is looking for facts and not for theories.

AIDS TO ASEPTIC TECHNIQUE. By A. D. Whiting, M.D., Assistant Surgeon to the German Hospital, Philadelphia. Philadelphia: J. B. Lippincott Company, 1898. Pp. 157. Price $1.00.

This little work is uniform with Lippincott's manuals of nursing, and is intended as much for the nurse as for the physician. It is especially for those who are preparing for an operation. The opening chapter is on the history of asepsis, and the following are on the best disinfectants and on the various organisms which cause blood poisoning. The directions are very thorough, and will assist those who are engaged in surgery. Nothing, however, will take the place of routine practical work in the operation and preparation room, but such a work as this will often tell the assistant why he does certain things.

REPRINTS, ETC., RECEIVED.

Eczema; Successful Treatment. By J. Hobart Egbert, A.M., M.D.

Cyclopathy. By William Edgar Darnall, M.D. Reprint from the *Medical Brief*.

Current Editorial Comment.

THE ETHICS OF ADOLESCENCE.

New York Medical Journal.

THERE are parents who, if the subject of the proper enlightenment of children is broached to them, reply: "Oh, let the child retain its innocence as long as possible." They confound innocence with ignorance, with the natural consequence that the child mistakes pruriency for philosophy. With people so blind as that it is almost useless to argue. But there is another and far larger class who avoid the subject and evade every allusion to it on the part of their children, because of the difficulties and embarrassments of dealing with it.

IMMUNITY AND CURE.

Philadelphia Polyclinic.

LITTLE by little additional light is being shed upon the subject of immunity and upon that of cure. That there must be an intimate relation between the two and that like forces are operative in both would seem highly probable. Ehrlich assumes that the symptoms of intoxication so universally present in infectious diseases are dependent upon a combination between the toxines generated and certain constituents of the cells of the body. An excess of toxine stimulates the cells to augmented activity, with the production of increased amounts of those substances, which, escaping into the circulation, constitute anti-bodies or antitoxines.

ADVERTISING.

The Journal.

SINCE medicine and surgery became established upon a scientific foundation certain distinctions have served to indicate to the general public the line of separation from charlatanry. To make such distinction the methods of advertising in the public prints common to quacks and nostrum venders have been interdicted on the part of the regular medical profession. In fact, this is the chief criterion by which the public has learned to distinguish between scientific physicians and pretenders. Modern ingenuity in advertising as utilized by irregular practitioners and proprietors of patent medicines has so closely simulated ordinary reports of medical and surgical cases that the lay reader is often misled. This confusion is increased when regular physicians adopt the methods of charlatans to report so-called remarkable cases in the daily papers.

Medical Meetings.

MAY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	..	..	..	..
..	..	..	..	..	..	..

JUNE						
S	M	T	W	T	F	S
..	..	..	..	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	..	..
..	..	..	..	..	..	..

JULY						
S	M	T	W	T	F	S
..	..	..	..	..	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	..	..	..	..	..	..

The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

May.

AMERICAN NEUROLOGICAL ASSOCIATION. Annual meeting at Washington, D. C., May 4, 5 and 6, 1898. M. Allen Starr, M. D., President, 22 W. 48th St., New York City. Graeme M. Hammond, M. D., Secretary, 58 W. 45th St., New York City.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. Paul F. Mundi, M. D., President, New York. J. Riddle Goffe, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May 16, 17 and 18, 1898. Thos. R. French M. D., President, Brooklyn, N. Y. H. L. Swain, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. Robert W. Lovett, M. D., President, Boston, Mass. John Ridlon, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. Emmett Holt, M. D., President, New York City. Samuel S. Adams, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. William H. Daly, M. D., President. Pittsburg, Pa. Robt. C. Myles, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. Geo. Ross, M. D., President, Richmond, Va. Louis J. Mitchell, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. Bucke, M. D., President, London, Ontario. C. B. Burr, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. Nevins Hyde, M. D., President, Chicago, Ill. John T. Bowen, M. D., Secretary, 14 Marlborough St., Boston, Mass.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. William White, M. D., President, Philadelphia, Pa. W. K. Otis, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. Griffith, M. D., President, Ninth and Grand Ave., Kansas City, Mo. James E. Pilcher, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. Duncan Bulkley, M. D., President, New York City. Charles McIntire, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. Wm. Warren Potter, M. D., President, Buffalo, N. Y. Chas. Wood Fassett, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. George M. Sternberg, M. D., President, Washington, D. C. W. B. Atkinson, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. Arthur Matthewson, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. Vermyne, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. Geo. C. Harlan, M. D., President, Philadelphia, Pa. S. B. St. John, M. D. Secretary, 26 Pratt St., Hartford, Conn.

State Societies.

May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. Ulrich, M. D., President, Wheeling, W. Va. G. A. Aschman, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. Francis Duffy, M. D., President, Newbern, N. C. R. D. Jewett, M. D., Secretary, Wilmington, N. C.

MICHIGAN STATE MEDICAL SOCIETY. Annual meeting at Detroit, May, 1898. Joseph B. Griswold, M. D., President, Grand Rapids, Mich. C. H. Johnston, M. D., Secretary, Grand Rapids, Mich.

THE OHIO STATE MEDICAL SOCIETY. Annual meeting at Columbus, May 4, 5 and 6, 1898. Wm. H. Humiston, M. D., President, 122 Euclid Ave., Cleveland, O. John A. Thompson, M. D., Secretary, 628 Elm St., Cincinnati, O.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Lancaster, May 17, 18 and 19, 1898. W. Murray Weidman, M. D., President, Reading, Pa. C. L. Stephens, M. D., Secretary, Athens, Pa.

MISSOURI STATE MEDICAL ASSOCIATION. Annual meeting at Excelsior Springs, May 17, 18 and 19, 1898. Jacob Geiger, M. D., President, St. Joseph, Mo. Jabez N. Jackson. M. D., Secretary, Kansas City, Mo.

KENTUCKY STATE MEDICAL SOCIETY. Annua meeting at Maysville, May 18, 1898. Jos. M. Mathews, M. D., President, Louisville, Ky. Steele Bailey, M. D., Secretary, Stanford, Ky.

MEDICAL ASSOCIATION OF MONTANA. Annual meeting at Missoula, May 25, 1898. G. T. McCullough, M. D., President, Missoula, Mont. B. C. Brooke, M. D., Secretary, Helena, Mont.

(*Continued on page xvi.*)

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Original Articles.

PUERPERAL ECLAMPSIA.

By Pearce Kintzing, M.D.,

Professor of Diseases of the Stomach and Intestines, Woman's Medical College, Baltimore.

Various lesions as well as functional conditions of the brain and spinal cord may give rise to convulsions during gestation; so also hysteria tetanus, catalepsia, tetany, apoplexy and eclampsia may each give rise to general convulsions during pregnancy and parturition. That all of these are not true puerperal eclampsia it would hardly seem necessary to remark, yet no less an authority than Velpeau in his classical thesis on puerperal eclampsia describes the case of a woman who was seized on the tenth day after delivery with convulsive movements of the abdominal cavity and a globe, which could be observed through the integument and muscles, was seen to travel swiftly in various directions. These convulsions continued until her death in a madhouse two years later.

Delafield, in a recent article, speaks of a case of pueperal eclampsia in which the pathological lesion was clots in the third and fourth ventricles of the brain; clearly the effect and not the cause of the convulsions. Dubois and Amable of Bellevue describe typical cases of epileptic seizures under the name of eclampsia, and Professor Elliott classifies eclampsia as uremic and hysterical.

This confusion arises from two facts: First, that tetanus, epilepsy and especially hysteria are modified by the peculiar condition of the pregnant female, and second, that authors who have written on puerperal convulsions have included under this title all affections whose striking characteristic is a convulsion. That eclampsia and cerebral effusions may be associated is not denied, and Winter reports a case in which, during the fifth month of pregnancy, a profound uremic coma was followed by six slight convulsions, after which it was found that the left face, right arm and right leg were totally paralyzed. Spontaneous miscarriage was followed by death. But the term puerperal eclampsia should be reserved for those cases in which the seizures are due to the retained urea and its products acting upon the cerebral and spinal centers, an action no doubt profoundly influenced by the congested condition of those centers brought about by the pregnant state. The difference which such a classification would make in the mortality reports bearing upon the subject is apparent and accounts for the excellent results reported in some quarters.

General or true eclampsia is rather a rare disease, and it is very difficult to fix its exact proportion to the number of deliveries, owing to the very wide variations in the observations of different reporters. According to the best French statistics it occurs once in every 200 hospital deliveries, which would, of course, be higher than if private cases were included, since many private cases are sent to hospitals, as well as owing to the class of cases treated in maternités.

English writers vary widely in their proportions. Thus Churchill gives one

case to 300 deliveries, Cussack one case to every sixty-six deliveries, while Bland found only two cases in 1900. The statistics of American writers accord more nearly with French statistics, and agree that eclampsia occurs once in from 150 to 200 deliveries, probably the smaller of these two numbers being more nearly correct.

Eclampsia is a disease of the later months of pregnancy and particularly of the parturient period, yet it is not confined to either. Danyan reports a well-defined case in a young girl who had only reached her sixth week and in whom nothing availed to stop the convulsion except extraction of the ovum. A second pregnancy was accompanied by the same symptoms, which continued even after the patient had aborted. On the other hand, in many cases the seizure appears only after the uterus has been emptied—in some cases as late as twelve days after delivery. I have found no case occurring later than the twelfth day. Rosenstein has collected 121 cases which appeared before delivery, 260 which appeared during labor and 118 after delivery. Other writers find a much larger percentage of cases occurring prior to the full parturient period. Thus Winckel says only 21 per cent. appear at or after parturition. Fully seven-eighths of the cases occur in primiparous women, and a considerable proportion of those so affected show some ratchitic deformity of the pelvis. Of Collins' thirty cases, twenty-nine were primiparae. Further, it is interesting to note that twin pregnances in first labors increase markedly the tendency towards eclampsia. There is one twin labor in every nine eclamptics.

The principal symptom of eclampsia is albuminuria, which accompanies nearly all if not all cases. Though it is probable that all eclamptic patients have albuminuria, yet it is not necessary to conclude that all cases of albuminuria, even though severe, will give rise to convulsions. Only about one case out of four or five persons exhibiting albuminuria during pregnancy will be affected with eclampsia. This was well illustrated by a recent case of my own, in which the patient exhibited marked edema of the face, hands, feet and legs, shortness of breath and the urine loaded with albumen, yet labor passed off and complete recovery followed without an untoward symptom, the albumen entirely disappearing from the urine in twelve days. While not an excuse for the relaxation of vigilance, this proportion above mentioned is none the less a comfort to the accoucheur.

Omitting cases of pre-existing kidney degeneration, the prime factor in producing the conditions which lead up to eclampsia, viz., anemia, albuminuria and uremia, is pressure—pressure exerted principally upon the renal veins. This enables us to account for the large proportion of cases occurring in primiparae, in which the uterus is pressed against the posterior abdominal walls by the resistance of the anterior abdominal muscles and fascia, a resistance which disappears in later pregnances. It also enables us to account for the increased number of cases in rachitic pelves. It is not necessary to account for all cases by the pressure theory, since pre-existing kidney degeneration would be as profoundly influenced by the process of fetal development as are other morbid states; consequently the concurrent existence of kidney degeneration and pregnancy will account for a certain percentage of the cases, especially those cases which occur prior to the sixth or seventh month. These are the cases in which edema and infiltration are more apt to occur. Nor is it remarkable that only one case in four or five showing albuminuria ends in eclampsia, when we consider how many cases of kidney degeneration, apart from pregnancy, terminating in general anasarca and death, fail to exhibit unremic coma or convulsions. It becomes, therefore, more a question of degree than of kind. Fordyce Barker says the convulsions are clearly the result of cerebral congestion and not due to uremia, and cites as proof the many cases in which effusions have been observed at autopsies.

It might be pertinent to ask what caused the congestion and effusion; if not due to the uremia, surely not the pregnancy; and it might further be asked what those cases in which kidney lesions

are present and cerebral lesions are absent prove. Further than this Doremus has found by examination that the blood of eclamptics contains urea to even six times the normal amount.

Cases which do not appear until after delivery are probably to be accounted for on the theory that what has been only a passive or obstructive congestion is now converted into an active inflammation. Unfortunately these cases, in the very nature of things, present a less favorable outlook, since the principal remedial agent, the removal of pressure, appears to act here as a causative factor in changing the character of the lesion into a rapid diffuse inflammation following this removal of pressure.

I am personally cognizant of eight cases of eclampsia, and have read the notes of five unpublished cases which occurred in the practice of a friend. My first case I treated by dilatation, delivery, inhalations of chloroform for the convulsions, which the light of later days has shown me were not very severe, and the administration of sufficient opium to control the patient. This was the teaching which I had received. Although the patient was secreting a moderate amount of urine, this promptly stopped after the administration of the opium, and the case ended in death with anuria. I still attribute the death in that case to the opium. Since that time I have placed my reliance, so far as therapeutic measures are concerned, in a single drug, veratrum viride, and so far I have not lost any cases since the one narrated above, and in three of the five other cases mentioned in which this drug was administered at my suggestion the result was favorable. There are many advocates of this plan of treatment, prompt evacuation of the uterus in those cases in which delivery has not occurred, not waiting for any aid from nature, even though such aid is seemingly at hand. Let your motto be, "Dilate and deliver."

A moderate loss of blood in these cases during the process of delivery is decidedly beneficial, since the theory upon which we are acting is to remove pressure and to lower arterial tension. It is for this latter purpose that the veratrum is exhibited, since, as Horatio Wood has said, "with veratrum you can bleed a man to death within his own veins." Here we find a high tension pulse running usually up to 100 or even 120. It is perfectly safe to reduce this to 50 and not dangerous to reduce it to 40. For this purpose I give as early as possible after the first convulsive movement fifteen drops of the tincture, undiluted, upon the tongue. Usually there is some response by the pulse to this dose within fifteen minutes; if not, ten more drops are administered at the end of that time, and this is continued until the pulse drops to about 60, as it may be safely estimated that it will lose ten more beats after the cessation of the medicine. Carefully watch for the first appearance of the convulsion and give chloroform inhalations with great freedom. Even when so given they sometimes seem to be without effect. It is hardly necessary to dwell upon methods for favoring secretion of the kidneys, as they do not belong to this subject *per se*. Browne advocates transfusion of normal salt solution in addition to the above measures, and has used it successfully in his own cases.

Many articles have appeared recently highly commending veratrum and reporting excellent results, yet few textbooks mention it. The late Professor Lynch of Baltimore was a warm advocate of its efficiency. It is better than chloral or the bromides, because it is quicker in its action, because it is more easily administered, and because it appears to promote secretion of urine. It can be given readily even during the convulsion. While it has been remarked that a moderate loss of blood at delivery is in no wise detrimental to recovery, yet it must not be forgotten that in several cases death has been due to post-partum hemorrhage and not to the primary disease. Three factors contribute towards producing this result: First, the diminution in the normal plasticity of the blood, due to the albuminuria; second, the administration of chloroform, which retards the natural contractility of the emptied uterus; third, the lowered blood pressure and consequent venous stasis, due to the veratrum. If to these three factors is added an accidental tear, more or less ex-

tensive, of the cervix, due to the rapid dilatation or to the forceps, the chances of an alarming hemorrhage are materially increased.

This was well illustrated in a very recent case seen with Dr. McCarthy, which is still very fresh in my mind, in which all four conditions were present and in which the loss of blood, to draw it very mildly, was more than a liberal sufficiency. In this case the convulsions appeared near the end of the eighth month and were so violent that twice at the end of the convulsion we believed that our patient had expired, and although the amount of urine secreted during the first ten hours after confinement was less than a drachm, yet we succeeded in saving both the mother and a puny infant, and, under the veratrum, the secretion was practically normal at the end of five days. I am strongly opposed to the use of opium, although many writers favor it and point to good results obtained thereby. Today it is much less in favor than formerly. Dr. Charles M. Ellis, in a recent paper, strongly condemns it. I have purposely omitted any extended reference to the symptoms or description of the convulsions, yet one point is worthy of mention. Some authors, particularly Barker, describe the convulsion as ending in a profuse perspiration. This I have never observed. On the other hand, I have often called attention to its absence and to the marked dryness of the skin, which lasts even during labor pains and resists artificial heat. In these cases I welcome the reappearance of perspiration as a harbinger of good omen, a reappearance often delayed for many days.

The death rate is put down at all the way from 12 per cent. (Barker) to 50 per cent. Naturally a list of cases, including pre-existing diseases of kidneys, will show higher mortality than pressure cases. I do not think that organic kidney disease existed in any of the cases seen by me. In such cases no form of treatment would be productive of such good results, nor would the total disappearance of all albumen within a period of from five to fifteen days result, as it did in all my cases, had such complications existed.

A CASE OF SUPPURATIVE APPENDICITIS; OPERATION FOLLOWED BY FECAL FISTULA.

By Thomas H. Emory, M.D.,
Taylor, Maryland.

READ AT THE ONE HUNDREDTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29 INCLUSIVE, 1898.

I WISH to call to your notice a recent case of mine which strongly illustrates the insidious course sometimes taken by suppurative appendicitis.

The patient, Charles E., colored male, aged twenty-four, of vigorous constitution and physique, was taken suddenly ill during the night of October 5, 1897. I saw him the following morning; he had been vomiting and complained of a dull pain in the abdomen which at times became severe (at this time there was no localized pain or tenderness); the temperature was not taken. The pulse and respiration were normal; his bowels had moved the day previous. There was a history of his having eaten honey for supper. He was given two compound cathartic pills and one-eighth of a grain of morphine and put on milk diet, which was continued throughout. I was called again that evening and found the bowels had acted freely; otherwise his condition was the same.

October 7, pain and tenderness localized in the right iliac fossa. The bowels had not moved that day. There was rigidity of the abdominal muscles on the right side, the difference in the tension of the two recti being marked. Pain and tenderness were sharply localized over McBurney's point. There had been no vomiting since the first day. The temperature was 100 3-5°, pulse 74.

The case was diagnosed as appendicitis, and six grains of salol were given twice a day, with the eighth of a grain of morphine continued every three hours.

There was no history of any previous similar attack.

October 8, patient's condition unchanged. Temperature 101 2-5°, pulse 86.

I administered a half-ounce of castor oil, which acted once that night and again the following morning.

October 9, condition unchanged, no relief following the evacuation. Temperature 101 3-5°, pulse 80.

October 10, no developments. Salol and morphine continued. Temperature 101 3-5°, pulse 80.

October 11, Dr. A. H. Price was called in consultation. The patient's condition remained about the same. Dr. Price concurred in the diagnosis and agreed that an operation was indicated. We could make out no tumor or fluctuation. There was only moderate tenderness on pressure (the morphine, however, would obscure this symptom). The temperature was 100 4-5°, pulse 76. It was taken at 11 A. M. At the previous visit it had been taken between 4 and 6 P. M.

October 12, patient appeared to feel more comfortable. At 8 P. M. the temperature was 100 4-5°, pulse 76. I obtained the consent of the family to operate.

October 13, Dr. A. F. Van Bibber saw the case with me. The patient was resting very quietly. On examination we found little change. Dr. Van Bibber thought he could detect slight fluctuation. He agreed in the diagnosis and that an operation was called for. The temperature was 100 3-5° and pulse 78 at 9 P. M.

October 14, I operated, assisted by Drs. Price and Van Bibber. The incision was made 5 cm. (two inches) above the anterior spine in the direction of the fibers of the external oblique. The length of the incision was 15.5 cm. (6 1-5 inches), ending about 6 cm. (1 2-5 inches) above the pubic spine. Having entered the peritoneal cavity, adhesions were encountered between coils of small intestine and the abdominal parietes. The appearance of the peritoneum at the lower end of my incision having led me to suspect the neighborhood of an abscess, I proceeded with caution. But under the gentlest manipulation, having introduced one finger into the peritoneal cavity to explore the adhesions, the peritoneum at the lower end of my incision (where it was exposed, but not divided) suddenly broke, the underlying abscess evacuating about two ounces of stercoraceous pus. I withdrew my finger and protected the opening which I had made into the peritoneal cavity. Then sewing up the place where the abscess had broken, I covered it with absorbent cotton, while I removed the loop of intestine immediately beneath the upper end of my incision and flushed out the peritoneal cavity with hot sterile water (lest some of the pus should have entered), and, replacing the loop, closed the incision by three lines of silk sutures (peritoneal, muscular and skin), only leaving exposed the part where the rupture had occurred. I then made an incision at right angles to the first, cutting down toward the flank a distance of 8.5 cm. (3 1-5 inches), this cut beginning 6 cm. (1 2-5 inches) above the lowest point of the first incision (beginning at the point where the abscess had broken). This freely opened the abscess cavity; evacuating it as freely as possible, I flushed it out with hot sterile water. The wound was left open and packed with sterile gauze. The field of operation being dusted over with aristol, was dressed as usual. There was a black sloughy-looking spot on an exposed knuckle of intestine. The patient was put to bed in good condition, exhibiting no signs of shock.

The operation was performed under serious disadvantages. The patient's home is a small log cabin, containing but two rooms, one in each story. The upper room, where he lay, did service as operating-room. It has two small windows on the same side of the house, affording a very poor light; the ceiling little more than six feet high. A table was improvised—two boards, supported by trestles. A stove in the yard sterilized instruments, sheets, towels, etc.; the water, from a branch, had to be strained before boiling, to remove sediment and leaves. The most rigid asepsis was observed throughout at the expense of infinite care and ingenuity. The permanganate-noxalic method of preparing the hands was used. The field of operation was scrubbed, shaved and put up in bichloride towels two hours before the operation. The operation was completed by

the light of a dim coal-oil lamp, held by an assistant, daylight having failed before it was finished.

October 15, nearly twenty-four hours after the operation, the patient was resting easily, his general condition being excellent. On removing the dressings about a teacupful of stercoraceous pus escaped from the wound, floating in which was the appendix, being, as you see, about 10 cm. (4 inches) long and entirely denuded of its peritoneal coat, having sloughed off at the base. The abscess cavity was flushed out and dressed with aristol and plain sterilized gauze. The dressing over the first incision was not disturbed. The temperature was 100°, pulse 80, respiration 26.

October 16, peroxide of hydrogen was used to cleanse the abscess cavity and gauze soaked in 10 per cent. iodoform emulsion substituted for the plain gauze. the temperature was 99°, pulse 78, respiration 24.

October 17, discharge from the abscess ceased. A fistulous opening occurred in the knuckle of small intestine previously referred to into the wound, surrounding adhesions protecting the peritoneal cavity. This sloughing of intestinal wall was due to pressure resulting from accumulating pus prior to operation. The opening was elliptical, the long diameter being in the axis of the gut and large enough to insert a thumb. The temperature was 98 2-5°, pulse 78, respiration 24. From this time the temperature, pulse and respiration remained practically normal.

October 18, a high rectal injection was given and the colon was thoroughly cleaned out, a heaping basinful of solid feces being removed, the contents of the small intestine freely passing out through the wound.

October 19, the fistulous opening was closed with a double line of sutures.

October 20, the wound having become infected, all skin sutures were removed.

October 22, I found the fistula again open, and all further attempts to close it were abandoned for the time.

October 26, a high enema was given; the edges of the wound were approximated by adhesive plaster.

October 27, one pill of aloes and mastich was given daily. The dressing was turned over to the patient's family, to be dressed twice a day. Hot water irrigation; clean linen rags alone used for dressing, dispensing with gauze and cotton. An enema was given every third day and the wound was dusted with aristol once daily. A considerable portion of the liquid contents of the intestine escaped by the fistula, but the spur permitted the passage of a portion of the more solid contents.

December 25, the patient was taken with violent abdominal cramps, the knees being drawn up, with other symptoms of peritonitis. He was put on morphine, one-fourth of a grain, when needed.

December 30, seventy-seven days after the operation, a pocket opened just in front of the fistulous opening in the gut and discharged about a half-cup of stercoraceous pus. It was washed out and filled with gauze soaked in 10 per cent. iodoform emulsion. The plug of fecal matter was washed out, which caused the original attack; you will notice it in the bottom of the bottle.

February 5, 1898, the sinus leading to the abscess healed. The patient up to this time remained strictly on his back. The fecal fistula persists, but is slowly growing smaller. Having tried aristol, iodoform in powder, iodoform emulsion and balsam of Peru applied on plugs of jute, lunar caustic, applied in stick, was found to be the only thing that would stimulate granulation.

The fistula still persists, being at present about the size of a lead pencil, and is gradually becoming smaller.

In conclusion, I would call attention to the following as being interesting features of the case:

1. The entire absence of chills, even the slightest, at any time.

2. The extremely moderate range of temperature and the character of the pulse throughout.

3. The symptoms during the two or three days previous to the operation were apparently subsiding.

4. At the time of the operation (the ninth day) the abscess was apparently

ready to break, the peritoneum and adhesions forming its walls being so extremely friable that in places the peritoneum would not hold stitches.

5. The absence of tumor or fluctuation (though not much stress is laid on this point, since they are usually hard to make out).

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

WEDNESDAY, APRIL 27—DAY SESSION.

(*Continued.*)

Dr. Henry M. Thomas then read a paper on "Facial Paralysis—A Study of Eighty-Odd Cases." These were cases of peripheral facial paralysis, or Bell's paralysis, and all of his cases were from the medical wards or the dispensary of the Johns Hopkins Hospital. He had eighty-five cases, of which forty-nine were women and thirty-six were men, the usual proportion. One woman had two attacks on the right side. Of his cases, forty-three were paralyzed on the right side and thirty-three on the left side and two on both sides. Of the ages, in one it was congenital, five were between one and ten, seventeen between eleven and twenty, seventeen between twenty-one and thirty, twenty-one between thirty-one and forty, thirteen between forty-one and fifty, seven between fifty and sixty, and four over sixty. As to the cause, in forty-seven of his cases no cause could be given. In seventeen cases exposure was given as the cause, but in many cases the history was very indefinite. Injury was said to be the cause in twenty-eight cases; twenty-five were from some surgical cause, and three were accidental; one seemed to be caused by removal of an ear; another was from a foreign body in the middle ear; a third was from an injury of the lower jaw, and a fourth was from the removal of a tumor from the front of the ear; another case was caused by the injection into the jaw of an iodoform oil emulsion for an injury. He thinks that injury is not so common a cause of paralysis as the text-books would have us believe. Great stress is laid on the neuropathic tendency. One case was due to injury by forceps. The symptoms were not very marked; sometimes there is a slight pain, sometimes the sight is affected, sometimes the hearing.

Dr. Joseph C. Bloodgood spoke of a surgical operation in connection with some of his cases and of the difficulties of avoiding the nerves in some operations.

Dr. Thomas McRae then made a "Report on 150 Cases of Cancer of the Stomach in the Medical Wards of the Johns Hopkins Hospital." These were 150 cases of primary cancer, except three, which were secondary. Generally, the diagnosis was made post-mortem. He referred to the age of these cases, six being between twenty and thirty, one twenty-two, one twenty-four, two twenty-six and two twenty-eight, seventeen were between thirty and forty, thirty-eight between forty and fifty, forty-nine between fifty and sixty, thirty-six between sixty and seventy, and four over seventy. Of the latter (between sixty and seventy) twelve were male and twenty-four female; 131 white and nineteen colored, the proportion of the colored in the Johns Hopkins Hospital being seven white to one colored. In eleven cases there was a family history. Thirty-eight had tuberculosis involvement, but there seems to be no connection between the tuberculosis and the onset of the disease. As to habits, seventy-seven used alcohol, eight excessively, sixty-six moderately and three very slightly. Thirty-three complained of dyspepsia; seventeen had had attacks of acute gastritis; eleven had chronic stomach trouble; five came to the hospital complaining of trouble dating one or two years back. Ten had no complaint of stomach trouble at all. Others complained of pain and vomiting, and showed the presence of the tumor. The method of onset was also marked. In thirty-nine cases the onset was rather sudden; twenty-six had noticed the disease for three months, eight between three and six months and eight

over six months. He then gave statistics of the time and place and manner of diagnosis.

Dr. Julius Friedenwald then read a paper on "Latent Cancer of the Stomach." The diagnosis of carcinoma of the stomach is at times very difficult. There are many cases of carcinoma of the stomach in which the cardinal symptoms are absent, yet the diagnosis can be made from other symptoms. There are other cases, however, in which not only the cardinal symptoms are entirely absent, but all other symptoms, if present at all, are so insignificant that they do not lead one even to suspect a carcinoma; such cases are known as latent cancer of the stomach.

There are two varieties of latent cancer: First, those cases in which the gastric symptoms are absent or so insignificant that they are marked by other general symptoms, and the gastric disease is not suspected; secondly, those cases in which there are no symptoms whatever, either general or local. The pathological condition leading to latency are the location of the growth in the anterior or posterior wall of the stomach in such a position as to involve neither the cardiac nor pyloric orifice, and that the surface of the tumor does not become ulcerated. When either of these orifices are involved symptoms of obstruction are at once manifested; if there is marked ulceration, toxic symptoms are produced.

The case reported is of considerable interest. A. W., colored, age seventy; entered Bayview Asylum March 15, 1897. He was in good general health, with an amount of arterio-sclerosis usual at that age. He at no time complained of feeling ill. On July 3 he died suddenly. The autopsy was held July 4. A most interesting condition was found in the stomach. In the region of the lesser curvature, occupying both arterior and posterior walls, was a tumor mass 16x11 cm. and projecting into the cavity of the stomach. The tumor is slightly pedunculated; the free edge of the tumor in places overhangs the attached base as much as two cm. Nodular projections are scattered on the surface. There were two or three ulcerated areas on the surface of the tumor from one to two cm. in diameter. The mass extended into the cardiac orifice, but did not involve it. Scattered over the mucosa of the stomach were a dozen small nodules one cm. in diameter, some pedunculated. The mass extended through the muscular layer of the stomach. The stomach was normal in size and position. Microscopically the tumor was found to be an adeno-carcinoma.

Dr. Osler said that he had seen so many cases of cancer of the stomach since he had been in Baltimore that he was almost inclined to think that it was a peculiarity of this region.

Dr. McRae also discussed this paper.

Dr. John C. Hemmeter's paper, entitled "The Pathogenesis and Treatment of Gastric Hyperacidity," was then read.

Dr. R. Tunstall Taylor exhibited several children, showing "The Necessity of Post-Operative Treatment of Congenital Club Foot." He emphasized especially that after the child's club foot had been operated on, the proper instrument should be used and the child should be looked after until the muscles and other parts should regain their normal condition. Many persons operate and expect results at once. He also showed several very ingenious instruments for holding the muscles in place.

(To be continued.)

ASSOCIATION OF AMERICAN PHYSICIANS.

THIRTEENTH ANNUAL MEETING, HELD IN WASHINGTON, D. C., MAY 3, 4 AND 5, 1898.

WEDNESDAY, MAY 4, 1898.

(Continued.)

Dr. William Osler of Baltimore made some remarks on "Paralysis of the Left Recurrent Laryngeal Nerve in Mitral Stenosis," in which he called attention to a clinical point to which reference had not often been made heretofore. He had seen two cases, one a woman with signs of cardiac failure, edema and complete recurrent laryngeal paralysis; there was nothing to indicate pressure in the thorax; there was no aneurism, no tumor. She had well-marked signs of mitral stenosis, but the cause of the laryngeal paralysis was left an open question. The patient got better, but the laryngeal paralysis

persisted, and subsequently Nothnagel made a diagnosis of aneurism. The patient lived six years and had several attacks of cardiac failure and one of hemiplegia. The laryngeal paralysis persisted. The other case, also in a woman, aged twenty-six, who gave a history of scarlet fever, presented the well-marked features of mitral stenosis with left recurrent paralysis. She died with cardiac dropsy. A few months ago Ortner of Vienna described two cases in which the condition was supposed to be due to pressure from the distended left auricle on the recurrent laryngeal nerve. In the first aneurism was diagnosed, but the autopsy showed the left auricle enormously distended and enlarged. In the other case the nerve was flattened out between the roof of the auricle and the aorta. Herrick of Chicago has also reported a case in which the nerve was compressed by the auricle, which had pushed aside the left bronchus. In all these cases there was also adherent pericardium.

Dr. E. G. Janeway of New York then read a paper entitled "Two Attacks of Temporary Hemiplegia Occurring in the Same Individual and the Result of the Use of Peroxide of Hydrogen in a Sacculated Empyema (Pleural)." The patient was a man forty-one years old, right-handed. He had pleurisy on the left side. A year and one-half later it was necessary to take out one of his ribs on account of a sinus there. This was irrigated with peroxide of hydrogen. Some time after this, while using this material, he became unconscious. His right arm and leg and one of his feet were paralyzed, but he recovered in twenty-five minutes, well in every other way, but very much frightened. In three days after this, under similar circumstances, he had another attack. He lost power in his neck this time and his head dropped over. It lasted twenty-five minutes. The sinus closed. Physical signs were few and not easily found. His respiration was somewhat freer on that side. Large rales were found to follow coughing, and, he would add, parenthetically, that in examining this case he used the stethoscope, the phonendoscope and his ear, and he found when the lesion was deep in the lung, as in this case, the ear was better than any instrument. The second case he had was a man twenty-one years old, who had pleurisy on the left side. He had to be operated on, and a rib was removed and a fistula remained. At the end of four months the sac was washed out with water and tincture of iodine, and some time after that, while washing out this cavity, he was unable to speak, but retained consciousness. It did not last very long. There were two other attacks. He also quoted a case from French literature. Lavage, in several cases, caused the same kind of paralysis, and in a very short time recovery followed. There was no aphasia. In fatal cases no embolism was found. There was collapse, but the paralysis was only temporary. This is much like pleuritic epilepsy. In one case which he quoted there was aphasia. There may be temporary embolism from pressure of the sac on liberation of the oxygen. The air or gases in the sac may have caused this. He referred to the case of Dr. Lewin, which was called air-embolism, in which the air entered the bladder, thence into the kidney, and then into the circulation. This case was rather unusual and hard to explain.

Dr. Meltzer then said that this might be similar to attacks after washing out the stomach. Pressure on the nerves produced these attacks, and it is more felt in the beginning of the washing.

Dr. Henry Hun of Albany related a case to show that all cases are not due to air-embolism. In this case there was caries of the spine, and peroxide of hydrogen was injected to wash out the sac, but did not escape. Paralysis lasted three hours. It may have gotten into the spinal canal.

Dr. Fitz said that embolism may be most likely, but cases of air-embolism do not often happen.

Dr. Janeway said, in conclusion, that the interesting feature in his cases was that the pleurisy was on the left side and the paralysis on the right side, and that the cases were right-handed. When we infer that the lesion must have been on the other side, we must consider this a cerebral accident and that perhaps something has been transmitted to the brain

causing this. Almost all these cases are accidental and happened after the sac becomes small. The reflex theory hardly holds.

The subject of "Uric Acid Diathesis, an Important Factor in Pathology," was then taken up by Dr. V. C. Vaughan of Ann Harbor, Mich. He spoke on the physiological chemistry. He said that uric acid was eliminated when the nuclein is broken up. It used to be the product of imperfect oxidation. The formation of uric acid is the measure of nuclein metabolism. He asks what the chemical constituents of the nuclein cells are. No two cells of nuclein have definite composition. Some light has been thrown on this subject by the study of lymphocytes, and nucleinic acid is the most important constituent of nuclein, and this contains much phosphorus. He quoted further from the work by Lilienfel and went very thoroughly into the chemistry of nucleinic acid. Nuclein disintegration is necessary for the production of nucleinic acid. The nucleus is the important part of the cells and that which makes life potentially continuous. Some cells only exist for the formation of other cells. Thus, the nucleus having formed the red blood corpuscles, disappears. The leucocytes are the quantitative or varying source of uric acid in the body. There may be hyperleucocytosis, with an increase or an elimination of the alloxuria, but there is no increase of the uric acid. It is not claimed that the xanthine base is broken up and yields uric acid.

Dr. William H. Draper of New York then spoke of uric acid diathesis from a clinical standpoint. He reviewed the older ideas on the subject of uric acid diathesis, and spoke first of gout, and referred to Garrod's work. He said that uric acid may be in the blood when there is no gout, and there may be gout with no apparent presence of uric acid in the blood. Inflammatory rheumatism is now considered a specific disease, perhaps of bacterial origin. The joint structures are specially vulnerable. Men seem to have gout and women rheumatism. The disease is hereditary. Uric acid does not seem to be the cause of gout. Rheumatism is hereditary, but the tendency to it may be aroused by errors in food and diet. Gout is especially liable to affect persons who have a tendency to it; also diseases such as tonsillitis, pharyngitis and urticaria are also complications, and may be brought on after eating strawberries, apples, taking wine, beer, etc. Pruritus is another symptom often observed in cases of weakened constitution. Skin diseases often occur in diabetes. How do the salicylates act? They probably have a paralyzing effect on the metabolism. Clinical observation is alone necessary to solve these problems, but the clinical observer of the present day must be better prepared than the practitioner of twenty-five years ago. The instruction in chemistry is better now in the schools than it used to be. If there were fewer drug stores and better laboratories for helping physicians in making a diagnosis the advantages of treatment would be much better.

Dr. James Tyson of Philadelphia then spoke on "Uric Acid Diathesis" from a clinical standpoint. He said he drew from his own experience entirely. Uric acid diathesis is hard to define. It was generally a weakened condition, showing scant, highly-colored urine, depositing a copious sediment of uric acid mixed with urates and oxalates. Later on there is some albumen and casts. This does not tell what the uric acid diathesis is, but it gives certain points from which we might infer its presence. The tendency of the uric acid diathesis may lead further on to uric acid gravel and calculus, with consequent irritation of the urinary tract, perhaps with cystitis and nephritis. It may mean more than this. Uric acid diathesis may cause depression of spirits. The pulse is low and there is marked lithemia. Measures should be used to eliminate and get rid of it. Migraine may be another symptom of uric acid diathesis, and he related a case of migraine which was cured by large quantities of Célestine Vichy. Eyestrain and other reflex causes may be active factors in this trouble. Again, uric acid diathesis may be the cause of endometritis, a degeneration of the blood-cells and hypertrophy of the left ventricle, causing vertigo in the most distressing forms. Uric acid and its congeners play

an important *rôle*. We do not know whether it produces galycosuria, asthma, bronchitis and other such conditions, and whether it causes rheumatism and gout. He does not think that uric acid has anything to do with rheumatism at all. Gout usually attacks well-to-do persons past forty who live high. Muscular rheumatism usually attacks persons younger. Haig thinks that we can cure rheumatism by making the blood alkaline. The term rheumatic gout is not a happy one, and rheumatic arthritis is also an expression that should not be kept up. Another form of gout is found among the poor. It is not hereditary, and it is not like the other form of gout. Mixed diet is necessary. Such cases should be well fed and they usually get well; food is better than medicine. Rheumatoid arthritis, or deforming arthritis, is a very distressing form of the disease. It occurs between the ages of twenty and thirty, and may be caused by grief or anxiety. It is doubtful whether epilepsy can come from uric acid. Uric acid sediments have been found in diabetes, but here resemblance ceases. The specific gravity is high, but it is usually from the sugar. Uric acid may come from overstudy. It is not as common in this country as it is abroad. In a certain number of cases of supposed diabetes tests have shown it to be uric acid.

Dr. C. A. Herter of New York said that his observations in the last seven years were that the test for uric acid was with the Ludwig-Salkowski test, which method of determining uric acid was most exclusively used. He observed disturbance of the digestive organs, diseases of the kidney, epilepsy, migraine, etc. He thinks that it is noticeable that the majority of adults on mixed diet showed no marked change in the excretion of the uric acid, as he found it in not more than one to forty or less than one to sixty. He generally used the urine of twenty-four hours, as a smaller quantity was not sufficient. It was also different at different times of the day. Many patients excreted more uric acid than above mentioned, some over one to fifteen of urea. There is nothing characteristic in the symptoms of these patients. In many cases the increase of uric acid seemed to be related to the disturbance of digestion, in others it was a chronic one continued from month to month. The condition most usually met with is some form of disturbance of digestion. This may account for the great majority of cases in which the uric acid is more marked. It is very marked in pneumonia after resolution. The diet will increase it further. Alcohol will also increase it. It may be present in very large quantities. Excessive fatigue and overstudy may cause it. And mere deposition of uric acid is no indication of increase of uric acid in the body. He does not believe in the uric acid connection with uremia. It is not found in the blood in this condition.

Dr. A. H. Smith of New York said that this discussion would lead us to error in that we tried to make reactions in the test tube to correspond to reactions in the human body. What Dr. Herter said illustrates this very well. Glycosuria may be due to this acid or not. He appreciates this chemical research. It should not, however, mislead us as to these affections of the human body. In his early days he used to think that uric acid was affected more by the heat-producing food. His experiene is the same as Dr. Draper's. He referred to a bad case of gout, with spontaneous amputation. He took all sorts of drugs, such as colchicum, etc., but he finally recovered on diet alone. Some cases will get well on diet, but will get worse by starving. He found in attempting to reduce flesh in obesity sometimes the rheumatism disappears. He spoke of a patient of his own who had inhaled much oxygen, and excreted less uric acid.

Dr. Shattuck asked what method Dr. Smith had used in estimating the amount of urea in the case that took oxygen. It makes a great difference what method we use. The Ludwig-Salkowski method is the most reliable one, but Haig's results are uncertain, because of his faulty methods.

Dr. Charles G. Stockton thinks that starchy foods should not be used, not because they are starchy foods, but foods which do not cause indigestion should be used.

Dr. Herter replied that he had not made observations like those of Dr. A. H. Smith. Persons who are cyanotic, by this theory, should then have increased secretion of uric acid, but this was not so. Milk is sometimes used with great advantage.

Dr. Jacobi said he had no theory to suggest at all, but simply wished to relate a case in which much albumose was present.

Dr. Vaughan said that milk could not cause the uric acid diathesis.

Dr. Draper, in conclusion, spoke of the diet. He had carefully studied Bence Jones' works years ago. The diet of glycosuria is not one suited to uric acid. The treatment seems to be undergoing a change.

Dr. Tyson, in conclusion, said he does not know how uric acid diathesis occurs and what it really is, but he only knows it by its signs.

Dr. J. H. Wright of Boston then read a paper on "Madura Foot, which was the Melanoid Form of Mycetoma," from which the parasite of the disease was isolated in pure cultures. He described the peculiarities of the parasites, and exhibited by means of an electric light on a sheet beautiful specimens which he had obtained from this subject.

Dr. H. C. Ernst of Boston exhibited a few specimens of colored photography, showing that microscopical specimens could be photographed in color and projected on a screen.

(To be continued.)

Medical Progress.

Surgery as a Specialty.—At present there is a delusive kind of fascination in making surgery a special study. Most of the recent graduates aspire to eminence in this field. The apparent certainty of diagnosis, treatment and results seem so clear and tangible that the practice is sought for as the shortest road to fame and fortune. In a graduating class of one hundred and forty, sixty expressed their intention of pursuing surgery as a specialty. It is the common observation, says the Journal of the American Medical Association, that among the large number of well-trained surgeons, who are also teachers in large cities, few ever attain more than a narrow local reputation. Fewer still ever do any original work, or advance the boundaries of the known. Our readers will recall many very active surgeons who have an immense experience and practice, who have never published a new fact or new method of procedure. They will also recall a number of volumes which are absolutely without any new facts, and in some cases are weaker and more feeble statements of truths already well known. It was a source of wonderment to many persons that a most accomplished surgeon and teacher never contributed a single new fact to surgery, although he wrote well and voluminously. The literal explanation is that surgeons are born, not made, and no amount of training and experience can make one who will do original advanced work unless he has some natural fitness for it.

Modern surgery calls more and more for first-class mechanical talent; it calls for natural machinists with a strong mathematical brain, full of resources and capable of using the present means to the fullest extent. Such men are resourceful, inventive and reasoning; their observation and judgment are clear and independent. Every great surgeon would have made a leading mechanic or inventor, or great business operator, and every great surgeon is original in his work, although it may be confined to small details. The mere mechanics of surgery may be acquired in a degree by nearly every one, but a knowledge of the higher mechanics of the chemico-physiologic work of the organism can only be understood by a natural-born inventor and mechanic. The dexterity of operating is not comparable with the reason and judgment of when and how to do it. A noted New York surgeon, while riding in the country, broke a wheel of his carriage; he soon repaired it with such skill that he was able to continue on his journey as if nothing had happened. Another surgeon broke his carriage in the same way and left it, continuing his journey in another vehicle. One had the mechanic sense developed, the other was without it.

Every physician should be able to act in emergency cases, but the man who aspires to be a specialist in this field should have strongly-marked inventive genius. This specialty is a very poor field of practice to one who is not especially adapted for it.

Unfortunately in medicine, as in other professions, there are many ill-trained and ill-adapted persons for the work required, but the aspirant for surgical honors without natural mechanical and surgical capacity is literally more unfortunate than others.

* * *

Hydraulic Pressure in Genito-Urinary Practice.—In 1883 Dr. William S. Halsted observed in irrigating the urethra in urethritis that some of the fluid found its way back into the bladder when the bag was held high enough. Since this many persons have treated cystitis by irrigations from a vessel held high. Dr. Hugh H. Young, in the Johns Hopkins Hospital Bulletin, makes some observations on hydraulic pressure in genito-urinary practice, especially in contracture of the bladder, and from a study of several cases he concludes that it is possible to restore the capacity of a bladder contracted by chronic inflammation of the worst character, by systematic distension by hydraulic pressure.

That such dilation has a most beneficial effect on the vesical inflammation and muscular tonicity.

That the number of urinations daily may thus be greatly diminished.

That no ill effects are produced by considerable hydraulic pressure, and there is no danger of infecting the kidney.

One of the most striking features of the treatment is the rapidity with which patients improve. Pain present for years may disappear in a few days, pus and mucus diminish markedly, and strongly ammoniacal urine became acid in a short time.

* * *

The Treatment of Pneumonia.—De Renzi (British Medical Journal) advises the frequent use of a mouth wash of sublimate solution (1 in 5000) or acid salicylic (1 in 500) both as a prophylactic and as a germicide, killing the pneumococcus which is frequently found in the mouth. He dwells on the importance of fresh and pure air and on the necessity of feeding, relying chiefly on milk and eggs, broths having certain disadvantages. As to drugs, the only one recognized by him is alcohol (ethylic), which he is in the habit of giving to all his cases. Since the introduction of the anti-pneumonic serum he has used it with very gratifying results. During the last three years he has used the serum in thirty-two cases (and in the earlier years only the severest cases were selected; in the last year all the cases (14) were treated with serum), with a mortality of 9 per cent., whereas in the previous years, with the ordinary treatment in vogue, the mortality was 24 per cent. No bad results have followed injection, and in one case as much as 200 c. cm. were injected in the course of twenty-four hours. The most marked effect was the lowering of the temperature. Of the three fatal cases, two were admitted almost moribund and the third had serious concomitant disease.

* * *

Diuresis instead of Critical Sweat in Pneumonia.—Reusner (American Journal of the Medical Sciences) was led to this by noting the good effects of certain diuretics given as a last resort to patients apparently dying in pneumonia. As severe sweating is exhausting, especially to the heart, efforts to lessen it in the crisis of pneumonia seemed to him rational. Accordingly he gave sodium and caffeine salicylate (grm. 0.15) and camphor (grm. 0.1) every two hours. Excretion of urine was much increased. Sweating occurred, though rarely. The treatment was used only in severe cases. The author suggests some explanations of the cause of the sweating, without coming to a conclusion.

* * *

Drinking.—Temperance people say that persons drink with two objects in view, one for the sake of tasting what they take and the other for the effects produced by the alcohol. The first are harmless, and will not likely become drunkards, but the second are inebriates from the start. This is a bold statement, and one to which many may take exception.

MARYLAND

Medical • Journal.

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BALTIMORE, JUNE 4, 1898.

Summer Vacation.

THE time has come again when the physician carefully advises his patients to take a rest, which may or may not be needed in every case, while he himself plans to slave throughout the whole summer in the hot city. This is a shortsighted plan, and is not productive of the best work. Ordinarily, man's work is from sun to sun, but the physician's work is never done, for he is constantly at the beck and call of any one who wants him, and this, of course, applies to the physician who has plenty of work to do, but it also fits the man with a small practice among persons who may defer sending for help until late in the night. Two weeks in the hottest part of the summer spent at the seaside, or, better still, in the high mountains, will give renewed zest for work in the fall.

But the physician should have some clear idea of summer resorts not only for his own good, but in order to know how to advise those wishing to take a trip. The dangers of going from a heated city to the cool mountains should be explained, and either the journey should be taken gradually or the proper amount of extra wraps should be used. Then the dangers of drinking too much water, which may be in every way pure, but which is different in chemical composition from the city water, and also the danger of trying to "get even" with the landlord, too often cause severe diarrheas. Summer resorts are of benefit when used intelligently, but may hurt those who abuse them and indirectly affect the place itself. Physicians should take a rest in summer and advise others to do the same. The work that is done under the glare of a hot sun in a close city is usually worth but little.

* * *

The Typhoid Bacillus.

FOR many years it has been the custom to warn patients and others against the dangers of infection with typhoid fever from the stools of a typhoid case, and that even before the days of the organism. Now that the organism has been isolated and studied and its usual place in the body ascertained, greater attention has been paid to the destruction of the typhoid feces. Still more recently bacteriologists have been finding this organism lurking in places where it was not usually found, and where its presence was not suspected.

Dr. Miller, in a recent number of the *Johns Hopkins Medical Bulletin*, records an unusual case, in which the typhoid organism was found in the gall bladder seven years after an attack of typhoid fever, and in the *Journal of Experimental Medicine*, Dr. Mark Wyman Richardson of Boston has recorded the results of his studies of the presence of the typhoid organism in the urine. He has not failed to look up the literature which is not devoid of such instances, and he found that the bacillus typhosus was demonstrated by others in the urine in about 25 per cent. of all cases, and that when present it was in great numbers and usually associated with albumen, but of course albuminuria was also present without the presence of these organisms. The bacillus usually appears in the later stage of the disease, and having appeared, may persist long after convalescence.

From this he naturally argues that the urine of a typhoid case should be carefully disinfected during the course of the disease, and also in convalescence. He found that irrigation of the bladder with antiseptic solutions offered a possible means for permanently removing these organisms. This is an unthought-of complication, and it is surprising that the typhoid organism can live and thrive in the urine.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending May 28, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	.	10
Phthisis Pulmonalis	1	20
Measles	61	1
Whooping Cough	8	2
Pseudo-Membranous Croup and Diphtheria.	16	5
Mumps	..	..
Scarlet Fever	16	4
Varioloid	..	..
Varicella	3	.
Typhoid Fever	6	2

Jefferson Medical College, Philadelphia, will have a new building next year.

The Craig Colony for Epileptics in New York has received $158,000 from the State.

It is proposed to admit a limited number of epileptics to the Springfield Insane Asylum.

Metschnikoff and Roux have been made honorary members of the University of Kieff.

Philadelphia has taken definite steps to correct hospital and dispensary abuse in that city.

Lieutenant Henry Page, U. S. A., has been ordered to report for duty to go to the Philippine Islands.

Dr. P. W. K. Schwenk has succeeded Dr. Edward Jackson as surgeon to Wills Eye Hospital at Philadelphia.

At the meeting of German physicians this year the subject of university education for women will be discussed.

When Dr. T. B. Futcher returns from Europe next fall he will succeed Dr. William S. Thayer as first assistant in the medical clinic of the Johns Hopkins Hospital.

Lieutenant-Colonel Alfred E. Woodhull, deputy surgeon-general, and Major Curtis E. Munn, surgeon, have been detailed to represent the medical department of the United States Army at the meeting of the American Medical Association at Denver, June 7 to 10, 1898.

At the New York Academy of Medicine last week the National Society for the Study of Epilepsy and the Care and Treatment of Epileptics was organized. Officers were elected as follows: President, Wm. P. Letchworth, ex-president of the New York State Board of Charities; first vice-president, Dr. Frederick Peterson, president of Craig Colony for Epileptics, Livingston county, New York; second vice-president, Dr. Wm. Osler, Johns Hopkins University, Baltimore; secretary, Dr. Wm. P. Spratling, of Craig Colony, and treasurer, Dr. H. C. Rutler, manager of the Hospital for Epileptics, Ohio.

A number of physicians met last week at the residence of Dr. W. S. Smith, No. 412 Cathedral street, Baltimore, and organized the Ptomaine Club. The objects of the club are the promotion of scientific matters and social intercouse among the members. Officers were elected as follows: President, Dr. C. M. Cook; vice-president, Dr. W. S. Smith; secretary, Dr. Duncan McCalman. The organizers of the club were Drs. J. Frank Crouch, J. M. H. Rowland, W. S. Smith, C. M. Cook, T. W. Keown, Charles H. Dixon, Thomas P. Lloyd, R. W. Price, Duncan McCalman, and J. Walter Hodges of Washington. The membership will be limited to fifty graduates of medicine. Meetings will be held monthly.

Dr. Eugene F. Cordell, chairman of the Committee on Endowment Fund of the University of Maryland, announces that subscriptions have been received to this fund from the following: Drs. William Osler, Randolph Winslow, Thomas A. Ashby, Charles W. Mitchell, Hiram Woods, Jr., William Lee, James F. McShane, St. Clair Spruill, William B. Canfield, J. B. R. Purnell, Enoch George, I. S. Stone, J. C. Clarke, E. J. Bernstein, B. Merrill Hopkinson and Eugene F. Cordell. The subscriptions are from $5 to $50, and in most cases annual. The aggregate in sight is about $1100. The Alumni Association has given $100. It is hoped a large number of alumni and friends will feel constrained to contribute. The school can only be maintained in a proper state of efficiency by a liberal endowment. Let the friends of the old school rally around it and determine to maintain it in the front rank. Contributions may be sent direct to General Lawrason Riggs, treasurer of the Board of Trustees, or to Dr. Cordell, 2032 Maryland avenue, Baltimore.

Washington Notes.

At the Medical Society Dr. Reyburn read a paper upon "The Use of Expectorants;" Dr. Butler presented case and specimen of nasal polypus, and Dr. Lamb, "Hydronephosis in a Calf," with specimen.

At the last report there were sixteen cases of diphtheria and thirty-seven cases of scarlet fever under quarantine. During the week there were three deaths from typhoid fever, one from diphtheria, one from scarlet fever and one from measles.

The Health Department is making important changes in the work of physicians so as to equalize the work. Five physicians in the northwest section have resigned and a like number will be appointed in the southern and eastern sections.

At the Emergency Hospital the resident physician, Dr. Jueneman, has retired, and Dr. Fife takes his place. This, with the retirement of Dr. Shine, created two vacancies, which are filled by Drs. Mohart and Glover, who were successful in the competitive examination.

A verdict of not guilty was returned in the case of Mildred Campbell, charged with manslaughter. Obstetrical instruments were found in the house of the accused and other evidence was presented that she practiced midwifery, but it couldn't be proven that she performed the operation that caused the death of Mrs. Compher.

The homeopathists are desirous of representation in the army and navy, and have visited the White House for the purpose of getting recognition. They were referred to Secretary Alger, where they became acquainted with the fact that any applicant who furnished sufficient evidence of his ability would stand a chance for appointment.

Health Officer Woodward has addressed a letter to the physicians of the District, inviting their attention to the importance of promptly reporting to the Health Department all births occurring in their practice. This duty, though requested by law, is frequently neglected by physicians, and during the last fiscal year only about one-half of the births were recorded.

The last patient at the smallpox hospital has been discharged, and there are no more cases in the District. Of the nine cases occurring this year, one, a marine, developed at Naval Hospital; the other cases occurred at Freedman's Hospital, resulting from the young colored man who came from the South and developed the disease at the hospital. All nine cases recovered.

Book Reviews.

THE NERVOUS SYSTEM AND ITS DISEASES: Diseases of the Brain and Cranial Nerves, with a general introduction on the study and treatment of nervous diseases. By Charles K. Mills, M.D., Professor of Mental Diseases in the University of Pennsylvania, Woman's Medical College, Polyclinic, etc. Pp. 1056. Philadelphia: J. B. Lippincott Co.

There are few names more closely associated with the literature of neurology in America than that of the author of this great work. An indefatigable worker, a close student, a popular teacher, he brings to his task unusual qualifications.

The first chapter is devoted to the consideration of the anatomy, histology and physiology of the nervous system. The reader will find this chapter fully in accord with all the modern work on this intricate subject, and at the same time it is clear and concise, and withal interesting reading, which cannot be said of many other similar attempts to portray the structure of the central nervous system. The next chapter takes up the subject of pathology and etiology, treating these two general subjects briefly. Then follows an extremely valuable section on general therapeutics. There is no text-book that we are acquainted with that covers just this ground. Included in this consideration of general therapeutics is a carefully-prepared section on the drugs that have been found useful in the treatment of nervous diseases.

The remainder of the book is taken up with a systematic discussion of the diseases of the brain and cranial nerves. One cannot praise too highly the manner in which the various affections of the brain are treated. The whole literature of the subjects under consideration has been carefully gone over, and is given in the most condensed form, together with the results of the author's long personal experience. Then everywhere through the book are practical points that must appeal strongly to the general practitioner as well as the specialist, as, for example, the section on the method of

making post-mortem examinations of the brain.

The affections of the cranial nerves are treated of more fully than in any of the modern text-books, and stress is laid upon the various methods of treatment. At the end of the book is a bibliographic index, which is of inestimable value to all workers in neurology. The illustrations and the presswork are both of a high order, and the proofreading has been very carefully done. Altogether the book will certainly take the first rank as the best and most complete work on the subject of neurology that has appeared in this country. It is to be hoped that the second volume will shortly follow.

TWENTIETH CENTURY PRACTICE: An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by Thomas L. Stedman, M.D., New York City. In twenty volumes. Volume XIII, "Infectious Diseases." New York: William Wood & Co. 1898.

This is one of the most interesting numbers of this excellent series, even if it may not be the most practical. The subjects are such as are now in doubt and admit of much discussion, and the authors have been selected with reference to their intimacy with these subjects. The opening section, on Ptomaïnes, Toxines and Leucomaïnes, as one would suspect, is by Dr. Victor C. Vaughan, and takes up first food poisoning and then the poisons of the specific infectious diseases. He has covered the subject most thoroughly. Infection and Immunity, which is full of theories, is by Dr. Harold C. Ernst. Then follow the water-borne diseases, by the late Ernest Hart and Solomon C. Smith. Mr. Dawson Williams has contributed the chapters on the relation of the periods of incubation and infectiousness in acute specific diseases. Smallpox is by John William Moore of Dublin. Vaccinia, or as it is called in this book, Vaccina, is by Brouardel of Paris, and Mumps by Jules Comby of Paris. Altogether the volume, which is the thirteenth of the series, although dealing principally in theories, is one of the best of the set.

REPRINTS, ETC., RECEIVED.

Implantation of a Glass Ball for the Support of an Artificial Eye and Mules's Operation for the Substitution of Enucleation of an Eyeball. By L. Webster Fox, M.D. Reprint from the *Journal.*

Current Editorial Comment.

HYGIENE AND WAR.

New York Medical Journal.

IF there were no other results of a more technical character accruing from the Ninth International Congress of Hygiene at Madrid, it would yet remain remarkable for the fact that in a crisis of the greatest possible political tension and national excitement it had in a dignified manner illustrated by practical example the facts that science, as such, knows no country, and that there are men, even in countries not commonly held to be conspicuous for progress in the interest of humanity, with whom neither local interests nor personal ambitions can outweigh the sense of obligation to mankind at large.

DENTITION.

Pediatrics.

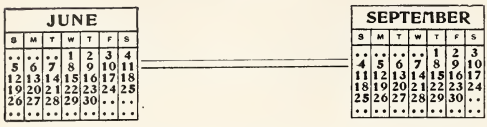
THE views in regard to the effects of teething on the health of children have undergone a complete change. The doctors of the old school were accustomed to lay at the door of dentition most of the diseases occurring between the ages of six months and two years. At the present time many practitioners go to the other extreme, and deny that teething causes any symptoms whatever. Probably the truth lies in the happy medium, for while the importance of dentition in causing disease has doubtless in the past been greatly overestimated, yet it is true that reflex symptoms, due to teething, may arise, often of a serious nature.

SUGGESTIONS TO WRITERS.

Philadelphia Medical Journal.

AS TO articles in medical journals every editor and experienced writer knows how much more acceptable, how much more likely to be read, are short, concise, rather than long and verbose ones. Every writer for journals should limit his article to an aspect as specific and single as possible, and not try to cover too much space or too many phases of a subject. Write more often if you please, but drive one nail at a time, and drive that home. It hardly needs saying that one should not attempt writing upon a subject until he is thoroughly certain he has something new or valuable to say. Writing for vanity's sake or to advertise the writer is the bane of medical literature.

Medical Meetings.



The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M. D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

August.

AMERICAN CLIMATOLOGICAL ASSOCIATION. Bethlehem, N. H., August 31, September 1. GUY HINSDALE, Philadelphia, Pa., Secretary.

September.

ARMY AND NAVY MEDICAL ASSOCIATION. Springfield, Ill., September 27. E. P. BARTLETT, Secretary, Springfield, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Buffalo, N. Y., September 13-15. JOHN GERIN, Secretary, Auburn, N. Y.

MISSOURI VALLEY MEDICAL SOCIETY. Council Bluffs, Iowa, September 15. DONALD MACRAE, JR., Secretary, Council Bluffs, Iowa.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Pittsburg, Pa., September 20-22. W. W. POTTER, Secretary, Buffalo, N. Y.

State Societies.

June.

MAINE MEDICAL ASSOCIATION. Annual meeting at Portland, June 1, 2 and 3, 1898. W. K. OAKES, M. D., President, Auburn, Me. CHAS. D. SMITH, M. D., Secretary, 126 Free Street, Portland, Me.

RHODE ISLAND MEDICAL SOCIETY. Annual meeting at Providence, June 2, 1898. WILLIAM A. GORTON, M. D., President, Providence, R. I. FRANK L. DAY, M. D., Secretary, Providence, R.I.

THE MASSACHUSETTS MEDICAL SOCIETY. Annual meeting at Boston, June 7 and 8, 1898. H. P. WOLCOTT, M. D., President, Cambridge, Mass. F. W. GOSS, M. D., Secretary, Roxbury, Mass.

MEDICAL SOCIETY OF DELAWARE. Annual meeting at Wilmington, June 14, 1898. P. W. TOMLINSON, M. D., President. Wilmington, Del. FRANK BELVILLE, M. D., Secretary, Delaware City, Del.

MINNESOTA STATE MEDICAL SOCIETY. Annual meeting at Mankato, June 16, 17 and 18, 1898. W. D. FLINN, M. D., President, Redwood Falls, Minn. I. DONNELLY, M. D., Secretary, St. Paul, Minn.

MEDICAL SOCIETY OF NEW JERSEY. Annual meeting at Asbury Park, June 21, 1898. D. C. ENGLISH, M. D., President, New Brunswick, N. J. WILLIAM J. CHANDLER, M. D., Secretary, South Orange, N. J.

August.

MEDICAL SOCIETY OF VIRGINIA. Annual meeting at Virginia Beach, August 30. LANDON B. EDWARDS, M.D., Richmond, Va., Secretary.

September.

IDAHO STATE MEDICAL SOCIETY. Moscow, Idaho, September 6. EDW. E. MAXEY, Secretary, Caldwell.

(*Continued on page* xvi.)

MARYLAND
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Original Articles.

MEDICAL FEES IN ANCIENT GREECE AND ROME.

By
Charles Carroll Bombaugh, A.M., M.D.,
Baltimore, Md.

READ BEFORE THE HISTORICAL CLUB OF THE JOHNS HOPKINS HOSPITAL, MAY 9, 1898.

THOSE who examine with curious interest the 199 surgical instruments found in 1819 in the Via Consularis in Pompeii, and preserved in the National Museum at Naples, or their counterparts recovered from excavations in Rome and collected by Professor Scalzi, will remember that that interest centers in their remote antiquity and in their actual use more than eighteen centuries ago. At the same time the attentive observer cannot forget that they were not originals or prototypes, for the archeologists tell us that twenty centuries before Pompeii was buried by the shower of ashes from Vesuvius, the ancient Egyptians covered the ceilings and walls of the temples at Tentyra, Karnac and Luxor with basso relievos representing surgical operations and the instruments employed, many of which are analogous to the instruments in use at the present day.

Horace says in one of his Odes that there were brave men living before Agamemnon, the Grecian commander. We may quite as confidently say that there were good physicians before Hippocrates. And so, the father of medicine, transcendent as he was, originative, constructive as he was, belonged, let us remember, to the family of the Asclepiadae, the hereditary physicians of Greece, and therefore enjoyed special educational advantages in preparation for his immortal work. Granting that he brought order and law and symmetry out of chaos, the materials must have been ready at hand, for we are assured that observations and descriptions of symptoms were already numerous, and were marked by much acuteness. Granting that we owe to him the conception of the oath which he transmitted to posterity, that the striking portraiture of the true physician which he drew for all time was the outcome of his own creative power, there must have been sources of inspiration behind and beyond. Granting the authorship of his treatise on fractures and luxations, the genuineness of which is conceded, there were expert bonesetters on the stage of action long before his day. The master spirits that sway the multitude do not leap into the arena full panoplied as Minerva sprang from the brain of Jove.

Whether the story of Esculapius comes from the Greek mythology, or whether it is of Oriental origin, it helps the historian to establish the existence of medical men as a separate class among the earliest communities. Such traditions show that as far back as legendary history goes there existed men who made disease and the healing art a special study, and derived their means of subsistence from the practice of their craft.

Let us turn for a moment from history to mythology, from narrative to fable, though perhaps one is as purely legendary as the other. According to the best authorities, the siege of Troy took place about twelve hundred years before the Christian era. Four hundred years later, i. e., eight hundred years B. C., Homer wrote the Iliad. One of the first points we note in Homer's account is that medi-

cine in Greece was not subordinated to religion and made a function of the priesthood, as it was in Egypt and in Asiatic countries where the offices of the priest and the physician were combined in the same person. If ever exercised in Greece by religious impostors, it must have been secularized at a very early period. Whatever may have been the familiarity of the cultivated Greeks with domestic remedies and vulnerary herbs, a more advanced knowledge of medical and surgical treatment appears to have been an accomplishment of the heroes of the Iliad. Pope, in his Essay on the character of Homer, says that "the state of war in which Greece lived required a knowledge of the healing of wounds, and this might make him breed his princes, Achilles, Patroclus, Podalirius and Machaon, to the science. What Homer thus attributes to others he himself knew, and he has given us reason to believe not slightly, for if we consider his insight into the structure of the human body it is so nice that he has been judged by some to have wounded his heroes with too much science."

Dr. Payne of London, in his History of Medicine, says that "the Homeric heroes themselves are represented as having considerable skill in surgery, and as able to attend to ordinary wounds and injuries, but there is also a professional class represented by Machaon and Podalirius, the two sons of Asclepius, who are treated with great respect. It would appear, too, from the Ethiopis of Archinus (quoted by Welcker and Haeser) that the duties of those two were not precisely the same. Machaon's task was more especially to heal injuries, while Podalirius had received from his father the gift of recognizing what was not visible to the eye. In other words, a rough indication of the separation of medicine and surgery."

Assuming that these medical officers were real characters, or, at least, that they were types or representatives of a professional class, it would be a matter of interest to learn what remuneration they received for their services during the ten years' siege of Troy. Let us hope, for the honor of the profession, that they were better paid than was Bernal, the physician of Christopher Columbus on his first voyage. For his seven months' detail for such duty Bernal received a sum equivalent to $37 of our money; that is to say, about seventeen cents a day. What Marco, the surgeon of the expedition, received, we are not told.

Hippocrates was in his prime about four hundred years B. C. Contemporaneous with the father of medicine was another famous Greek, Herodotus, who was called the "father of history." Herodotus traveled extensively in Asia, Africa and Southern Europe, and in his intercourse with the learned men of the day acquired a large fund of curious information. He refers briefly in his first book, Clio, to the rude beginnings of the medical art among the Assyrians, the Babylonians and the Persians, and the manner in which, in the absence of professional teachers, the facts of experience were accumulated and transmitted. He says: "Such as are diseased among them they carry into some public square; they have no professors of medicine, but the passengers in general interrogate the sick person concerning his malady; that if any person has either been afflicted with a similar disease himself, or seen its operation upon another, he may communicate the process by which his own recovery was effected, or by which, in any other instance, he knew the disease to be removed. No one may pass by the afflicted person in silence, or without inquiry into the nature of the complaint." A cynic might say that this sort of history repeats itself in our day in the gratuitous advice and the infallible formularies that are thrust upon the helpless invalid by officious busy-bodies.

In his second book, Euterpe, (84) he points out the germs or rudimentary forms of specialism in medical practice, the limitation to certain specified diseases, or to the diseases of a simple organ or class. He says: "The art of medicine in Egypt is thus exercised: One physician is confined to the study and management of one disease; there are, of course, a great number who practice this art; some attend to disorders of the eyes; others to those of the head; some take

care of the teeth; others are conversant with all diseases of the bowels; whilst many attend to the cure of maladies which are less conspicuous."

Not until we come to his third book, Thalia, does Herodotus give us a glimpse of the question of compensation, recompense, requital, fee, honorarium, *quid pro quo*. We are told that the governor of Sardis, a Persian named Oroetes, in a fit of maddening jealousy, conceived the atrocious design of encompassing the death of Polycrates of Samos. He sent a messenger to Polycrates to request a visit from him on some plausible pretext, and the latter, unsuspicious of harm, set sail with a retinue befitting his rank, including Democedes of Crotona, who was reputed to be the most skillful practitioner of his time. When opportunity offered, Polycrates was assassinated, but afterward, on learning the facts, King Darius, of Persia, ordered the execution of Oroetes. Soon after this occurrence Darius, in leaping from his horse, twisted his foot with so much violence as to occasion sprain and luxation of the ankle joint.

Herodotus says: "Having at his court some Egyptians, supposed to be the skillful of the medical profession, he trusted to their assistance. They, however, increased the evil by twisting and otherwise violently handling the parts affected; from the extreme pain which he endured the king passed seven days and as many nights without sleep. In this situation on the eighth day, some one ventured to recommend Democedes of Crotona, having heard of his reputation at Sardis. Darius immediately sent for him; he was discovered among the slaves of Oroetes, where he had been allowed to remain in neglect, and was brought to the king just as he was found, in chains and in rags. He at once applied such strong fomentations and soothing remedies as were used in the treatment of similar cases in Greece, and by these means Darius, who had despaired of ever recovering the entire use of his foot, was not only enabled to sleep, but in a short time was completely restored. In acknowledgment of his cure Darius presented him with two pairs of fetters of gold."

This is the first medical fee of which I find any distinct or specific record in profane history. As to its significance, or to its fitness as a mark of gratitude, we may leave both to inference or to conjecture. If a condition of enforced servitude was to continue, golden fetters would have been quite as irksome as shackles of baser metal. Thereupon Democedes ventured to ask the king whether, in return for restoring him to health, he wished to double his calamity. This reference to two pairs or sets of fetters pleased the king so much that he sent him to the apartments of the women for his reward. The eunuchs who conducted him informed the women that this was the man who had restored the king to life. Accordingly, they took a jar of gold, filled it with gold coin, and presented it to him. But royal munificence went beyond this mark of regard. A sumptuous house was provided for Democedes at Susa; he was entertained at the king's own table; he was held in the highest estimation, and he was supplied with all that heart could wish except the restriction of not being able to return to Greece. In the course of time it happened that Atossa, daughter of Cyrus and wife of Darius, had a troublesome ulcer on her breast, for which she consulted Democedes. He told her that he was able to cure it, but exacted of her an oath that in return she should serve him in whatever he might require, which, he assured her, would not involve any dishonor. Atossa was cured by his skill, and, observant of her promise and of his instructions, she persuaded Darius, on some artful pretext, to undertake a military excursion to Greece, and to direct Democedes to accompany the expedition both as medical adviser and pilot. Darius directed him to take with him all of his valuables as presents for his father and his brethren, assuring him of gifts of greater value on his return. But the wily physician profited by the voyage to make his escape. To him, as to many another exile, there was no place like home. Moreover, he had been sufficiently remunerated at home to take off the sharp edge of the Persian temptation.

We are told that in his day, in Greece, the usual fee paid to physicians for incidental visits was very small; in fact, not

more than two groats, sixteen cents, or about one-thirtieth of the customary fee in England in our time, one guinea. But remember that it was usual at that remote period for municipalities to hire physicians by the year, and pay them out of the public funds for attendance upon the citizens. When Democedes lived in Ægina his services were engaged at the rate of one talent per annum, about $2000, as near as we can estimate with our limited knowledge of relative values. At Athens his salary from the city treasury was one hundred minae, about $2400. When he afterward fixed his residence at Samos, Polycrates allowed him a pension which, according to the Attic standard of values, amounted to about $2400. But of all special acknowledgments or expressions of gratitude, one reported by Pliny takes the lead. He tells us that Cleombrotus received one hundred talents for the care and recovery of King Antiochus. If the Attic talent of the standard of Alexander is meant, this would amount to £24,375; if the standard of the coins of the Ptolemies, it would amount to £39,375, over $156,000, a sum that seems incredible, and that remains unmatched among the bounties of royalty at the present day.

Every Greek city had not only one or more public medical men in the municipal service, whose duty it was to visit the sick in the city and suburbs, but there was also a large dispensary, *iatrium*, where the practitioner, aided by his pupils, held consultations, performed operations and distributed the needful medicines. Beds were reserved for patients who could not be removed, or for very serious cases. The rich being able to be cared for at home, those who needed the aid of the public dispensary were the poor. Yet in the state of society at that period, the isolated poor, those without patron and "without brothers," as the phrase went, meaning those who were not members of a society having a mutual benefit fund, were not numerous. But what poor there were, we are assured by historians, were faithfully attended to in accordance with the precept of Hippocrates. Inscriptions show that it was an obligation that was gracefully and generously fulfilled. One of these, found at Cos, is an honorary decree regarding a physician who during an epidemic had particularly distinguished himself by his devotion. Another inscription is a decree granting a crown of gold to Metrodorus, who, for twenty years a public physician, has saved many citizens, and now lives in poverty, having refused from them any fees.

Passing on to the Roman Empire, we note that, as Montaigne says in his Essays, "no Roman till Pliny's time had ever vouchsafed to practice physic; that office was only performed by Greeks." It should be added, however, that it was largely in the hands of the slaves of wealthy Roman masters. In the early days of the republic, when the Romans were absorbed in their wars of conquest, medical assistance could only be obtained from persons of servile rank, a fact which held the profession for a long time in disrepute. Nearly two centuries before the establishment of the empire a Greek doctor named Archagathos came and settled in Rome. As Duruy tells us, at first he was welcomed there and received the citizenship. He induced the Senate to apply the public money to the purchase of a house for him where he could treat surgical cases, his practice being limited to the treatment of fractures and dislocations, to amputations, and the dressing of wounds, ulcers and abscesses, internal maladies being left to quacks. For a time he was the fashion, and did a lucrative business, but his methods were so barbarous that he was eventually stigmatized with the epithet Carnifex (butcher). The elder Cato, who was noted for the acerbity of his temper, came out with a broadside against Greek doctors, winding up his denunciation by saying: "They make us pay dearly for obtaining our confidence, and poison us the more easily." Yet Cato himself made some pretension to medical knowledge, and wrote a book on domestic medicine. It was only a jumble of old women's remedies, however, and of such recipes as village sorcerers of later days might recommend.

As we approach the period of the establishment of the empire, or about the commencement of the Christian era, we find

that the practice of medicine was still in the hands of the Greek physicians, but as Greece was then under the protectorate of Rome, they were treated with distinguished consideration. Pliny says "the medical art did not harmonize with Roman gravity," whatever that means. In order to attract the Greek physicians to Rome, Cæsar gave them the *jus Quiritium*, and afterward Augustus exempted them from taxation. They were allowed certain special privileges which the physicians of our day who are by courtesy exempted from jury duty can appreciate. With these concessions, and the attraction of liberal fees from the luxuriously inclined Romans, they flocked from all parts of Greece, but those who were not Athenians, we are told, were obliged to borrow their idiom as well as their recipes from the big-wigs of Athens in order to obtain patronage. They spoke at Rome the language of Athens, just as the French doctors at Paris, in Molière's time, spoke the Latin language. As educated men, their society was welcomed by the rulers and statesmen of Rome. Artorius, for instance, was called the friend of Augustus; Asclapo was the friend of Cicero; Asclepiades was the friend of Crassus, the orator, and so on.

In the course of time Roman citizens became practitioners. Of the education necessary to qualify them for their duties we have no account; we only know that it was under the superintendence of the *archiatri*. This was a favored or superior class, the first physician bearing the title being Andromachus, the medical adviser of Nero. During the reign of Nero the *archiatri* were divided into two classes, the physicians of the different quarters of the city, *archiatri populares*, and the physicians of the palace, *archiatri palatini*. The former were assigned to the relief of the poor, and each city was provided with five, seven or ten, according to its size. Rome had fourteen, besides one for the vestal virgins and one for the gymnasia. The latter, the *sancti palatii*, were men of elevated social position, and of high rank, not only in the exercise of their profession, but as counsellors of the government. Both were paid salaries, and were allowed special immunities and exemptions. Later on, in the time of Hadrian and the Antonines, such concessions were made still more liberal, and the chief *archiater* ranked as a vicegerent. While the *populares* were obliged to attend their poor patients gratis, they were allowed to receive fees from the rich. They were not appointed by the municipal authorities, but were elected by the people, and while their office was less honorable than that of the *palatini*, it was more lucrative. In the time of Vespasian they had a retiring pension.

With regard to the amount of their income, the students of Roman antiquities have not been able to furnish satisfactory data. We learn from Pliny that at the beginning of the imperial reign such eminent physicians as Albutius, Arruntius, Calpetanus, Cassius and Rubrius made 250,000 sesterces per annum, which is equivalent to £1950, or $9750. We also learn from Pliny that Quintus Stertinius, the favorite of the Emperor Claudius, was content with the honor of serving the Emperor at the rate of 500,000 sesterces ($19,500) per annum, though his fame was such that he might have made 600,000 sesterces, or $23,500, in private practice. He and his brother, who received the same annual income from Claudius, left between them at their death, notwithstanding large sums they had spent in beautifying the city of Naples, the sum of 30,000,000 of sesterces, equal to $1,170,000.

Among the outward and visible manifestations of gratitude for restoration to health is one which is preserved to this day. Antonius Musa, the physician of Augustus, according to some accounts, effected a radical cure of an obstinate cutaneous affection. Other accounts state that he was instrumental in saving the life of the Emperor. Whatever the precise fact, Augustus had a statue made of Musa, which he placed among his family group of bronze and marble memorials as one of the highest honors he could bestow. Today, in the Vatican, it retains its place among the clustered family of the Cæsars, but though it is the impersonation or counterfeit presentment of Antonius Musa, it was adopted centuries ago, and is still accepted as the

emblem or symbol of Esculapius. In later days, when the Byzantine and Western sections of the empire were alienated, and when Justinian, who called himself defender of the faith, was emperor at Constantinople, there were two Eastern brothers who practiced medicine in Cilicia, named Damian and Cosmas—names that were afterward enrolled in the list of Christian martyrs. They were nicknamed Anargyri, literally, "without money," because they refused recompense for professional services. Whatever was forced upon them, in spite of their reluctance, they turned over to the church, and when they were fortunate enough to cure Justinian of a perilous disease, and he insisted upon a generous reward, they stipulated that he should build churches, which he did on a large scale, and with an enormous outlay of money, in gratitude for his recovery.

In reviewing medical progress under the empire we note frequent foreshadowings of the methods and usages of later times. There were specialists in considerable variety; there were female doctors (unlike Athens, where females were forbidden by law to practice); there were public dispensaries for the treatment of the poor; there were quacks not only among the lower orders of ignorance and presumption, but among men of high degree; there were doctors for the aristocratic set, who made fat fees by humoring the caprice and the self-coddling of the valetudinarian, or by ministering to the distempered fancy of the *malade imaginaire*. Doctors signed their prescriptions, and of the seals or stamps which they used there are still in existence 150. There were also apothecaries, who gave advice behind the backs of medical practitioners as ours do, but they charged for their advice as well as their medicines. Then, as now, the instructor of classes of medical students received pay for tuition. This payment was called "minerval," but the term was eventually made more comprehensive, and included the fees paid by patients for attendance. We are warranted in the inference that in the case of some rich patients, the minerval was disproportionately large when measured by the insufficiency of the service rendered; it certainly gave free scope to Martial for his epigrammatic satire. Finally, there were periods in which overcrowding of the ranks remind us of the forcible remark of Addison in the Spectator: "I am troubled when I reflect how the profession of physic is overburdened with practitioners, and filled with multitudes of ingenious gentlemen who starve one another."

Medicine in its embryonic or rudimentary state eighteen or twenty centuries ago, and medicine in its present state of advancement and achievement, are as wide apart as the poles. Yet running through the ages they present certain features in common, and not the least of these is the standing acknowledgment of the homely old maxim of St. Paul, "the laborer is worthy of his hire." But while mercenaries of the Paracelsus stripe, or gold-loving doctors of physic, like Chaucer's in the Canterbury Tales, have always abounded, yet from time immemorial to the present hour, foremost and uppermost is the spirit of self-sacrifice, of self-renunciation, that is ever ready to lighten the burden of sorrow, to lift the heavy and the weary weight of suffering, and to listen responsively to what Wordsworth calls "the still, sad music of humanity."

A CASE ILLUSTRATIVE OF WHAT MAY BE ACCOMPLISHED BY CONSERVATIVE TREATMENT IN SOME SERIOUS PELVIC LESIONS.

By John N. Upshur, M.D.,

Professor of Practice of Medicine in the Medical College of Virginia, Richmond, Va.

Miss ——— came under my care about two years ago, giving the following history. She is about twenty-two years old, of previous robust health. She had been confined to bed for six months prior to my visit under the care of another physician. Her general health was somewhat run down, bowels rather constipated, bladder at times distressingly irritable, menses somewhat irregular and scant, dirty leuchorrhea. The

latter part of each day she suffered with violent pain in the hypogastric region.

Vaginal examination by touch showed the uterus firmly fixed in the posterior cul-de-sac of Douglas and an elastic tumor the size of a duck egg; also a tumor of the same kind in the left broad ligament. The contour of the womb could not be outlined even with the assistance of firm pressure on the hypogastrium. Specular examination revealed a highly-colored os and cervix, rather patulous, with slight amount of dirty discharge from it.

At this time I did not suspect the virtue of the patient, because she said my predecessor had made a very painful specular examination, which I thought accounted for the patulous ostium vaginae. Yet my suspicions were aroused by the nature of the trouble, though everything in the patient's environment pointed to her virtue, except a few handsome articles, which I knew her circumstances did not admit of purchase by herself.

My diagnosis was septic salpingitis and perimetritis from gonorrheal infection. She was seen in consultation by my friend Dr. J. W. Long, at that time my colleague and professor of gynecology in the Medical College of Virginia. He confirmed my diagnosis, advising a hysterectomy for her relief. With this object in view she was admitted to the hospital. I was loth to subject her to so severe an ordeal, though my judgment coincided with the advice of Dr. Long. She was put upon a general tonic treatment of iron, manganese and nux vomica, with free vaginal douching with hot salt water, and the use of tamponades of glycerine, three parts, and ichthyol one part. This was kept up for a number of weeks.

There was decided improvement in her general health, and a gradual disappearance of the tumefactions in the pelvis; the uterus could be outlined, became freely movable, and returned to its normal position. After about six weeks' stay in the hospital she was discharged, and was able to come to my office for further treatment. At this time I charged her with having been infected, and she confessed to having had gonorrhea.

There was still a quantity of dirty mucopurulent discharge from the cavity of the uterus. Treatment by thorough divulsion, curettage and packing with iodoform gauze, and subsequent thorough cleansing of the cavity with hydrogen, dioxide and applications of iodine and ichthyol (interchangeably) to the cavity resulted in a complete restoration to health.

In the past few months she has married, and on a recent visit to my office reported herself as being in excellent health, free from every symptom which could point to any pelvic trouble.

Remarks.—I am aware that in the treatment of this case I have been more fortunate than we have a right to expect to be in a majority of similar cases, yet I think it would be well to pause and consider before we resort to so radical a measure as hysterectomy, if there are not many cases that can be materially benefited, if not entirely restored, by energetic, painstaking and persistent effort in the direction of an intelligent gynecological therapy.

FREE LEUCOCYTIC GRANULES IN THE PLASMA, AND THEIR REACTIONS TO VARIOUS STAINS.

By William Royal Stokes, M.D.,
Bacteriologist to Health Department, and Lecturer on Bacteriology, Baltimore Medical College; and

Arthur Wegefarth, M.D.,
Physician to the Northeastern Dispensary, Baltimore.

READ AT THE ONE HUNDREDTH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29 INCLUSIVE, 1898.

Preliminary Account.

In a former paper we reported upon certain granules in the plasma, whose appearance and shape corresponded so closely to that of the granules in the eosinophile and neutrophile cells that we were led to the belief that these extracellular granules were those which had simply escaped from the granular leucocytes.

These bodies were always present in the plasma of men and many animals, and although the intracellular granules of the

leucocytes of different animals vary in size, yet the free granules in the plasma always correspond in size to those within the leucocytes of any one animal. After addition of various irritants, such as dilute acids and alcohols, and subjection to the body temperature, the intracellular granules become active, and sometimes a fine granule may be seen to leave a leucocyte and become free in the plasma.

Since the publication of our first article, Nicholls has described a method by means of which these granules may be stained in fresh blood. He simply dilutes normal salt solution with triple blood stain, or eosin, and then allows some of this stain to run in under the cover slip of a fresh specimen of human blood. He states that the eosinphilic and neutrophilic granules take up the stain, and that the free granules in the plasma are soon similarly stained. He thus concludes that the free and intracellular granules are similar. Sangree has also actually seen the granules of these cells leave the protoplasm of the leucocytes and become free in the plasma in human blood specimens.

ORIGINAL OBSERVATIONS.

By adding diluted or even pure Ehrlich's triple blood stain, Neusser's stain, or eosin to fresh specimens of blood in the manner mentioned above, we have been able to stain the eosinophilic and neutrophilic granules of human beings, both within the cells and free in the plasma.

These granules are smaller than the blood placques, and the latter do not take on a perceptible stain. The large intracellular and extracellular granules of the leucocytes of the rabbit can also be stained in fresh specimens by means of this method, and the blood of the guinea pig will give a similar result if eosin is used and the specimen is ringed with vaseline for twenty-four hours. In such a specimen a stained granule was actually seen to leave a leucocyte and become free in the plasma.

In specimens of human blood and rabbit's blood the extracellular granules can be stained in small numbers when the blood is hardened by heat, and in the blood of the frog many large free granules can be demonstrated in one field, which will take up the various blood stains just as the large characteristic intracellular granules.

We are, therefore, of the belief that these granules of the blood, first noticed by Müller, are simply the granules from the eosinophile and neutrophile cells, and it would seem that these bodies can easily leave the leucocytes.

It is our purpose to consider the literature of this subject and the results of our work in a later and more complete article.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

THURSDAY MORNING, APRIL 28.

DR. HARRY FRIEDENWALD then exhibited cases of "Excision of the Ossicles for Chronic Purulent Otitis Media, with Demonstration of Patient." The most important advancements in otology during recent years have been in the treatment of chronic purulent otitis media and its complications. The serious nature of the disease is recognized more and more, and the old rule "not to check an otorrhea" has been changed into the modern maxim, "make every effort to cure by medical (medicinal), or, if necessary, surgical, means every case of chronic suppurative otitis media," and thus prevent serious complications.

The cavity of the middle ear being small, irregular, and containing the chain of ossicles and frequently numerous bands and membranes, is often inadapted for the proper drainage of secretion. This is especially the case in those secretions which are formed in the upper portion of the middle ear. The walls of this portion of the middle ear, or the attic, as it is called, become carious, and the ossicles, especially the incus and the malleus, are frequently affected in the same way. These cases resist the ordinary antiseptic treatment, and they are the most dangerous forms, because of their greater liability to produce intracranial disease.

Among the surgical measures adapted

for the relief of this condition the simplest consists in the removal of the two larger ossicles and thus allowing free vent to the discharges formed in the attic. This operation has been performed by me in a few cases, and in order to bring it before the attention of this Faculty I shall ask your permission to present a patient, Mr. W. D.

Patient is sixteen years of age; he was sent to me by Dr. Mitchell of Woodberry October 26, 1897. There had been an otorrhea from the right ear for upwards of five years, the primary cause being diphtheria. For the past two years he had frequently had pain centered in this ear. On examination, a large polypus was found reaching beyond the outer opening of the auditory canal. This was removed in great part at several sittings during the next few days. A small and very sensitive stump remained, which was treated by cauterization, absolute alcohol, etc. This was situated on the floor of the middle ear and did not obstruct the view of the malleus. Examination of the attic with the small bent probe showed extensive caries and a discharge.

On November 25, therefore, the ossicles were removed and the polypus curetted in chloroform narcosis. The extensive carious walls of the attic were likewise scraped and granulations and tissue removed. After this operation there was very little pus, but the polypus rapidly returned and had to be kept in check by cauterization with orthochlorpheno.

February 22, 1898, the polypus was again curetted, which had to be done in narcosis on account of the great sensitiveness of the patient. Since this time the middle ear has remained perfectly dry and clean. Patient hears the watch on contact, ordinary voice at 3 m. and the whisper at 1-5 m.

Dr. Thomas H. Emory of Taylor, Md., then reported "Case of Suppurative Appendicitis; Operation Followed by Fecal Fistula" (see page 606).

Dr. John D. Blake congratulated Dr. Emory on his success in the operation, and spoke of the difficulty surrounding it and also of the necessity of relieving such cases by operative means as early as possible.

Dr. J. W. Chambers then gave a "Report of a Case of Stab Wound of the Abdomen—Exhibition of Patient." This was a man who, on January 28, had been stabbed with a case or table knife at the penitentiary by one of the convicts. There were two abdominal wounds, one to the left of the median line and extending through the abdominal muscles and through the omentum, cutting the transverse colon for three inches long; there was also a transverse incision through the small intestines. After these injuries, the man walked 100 yards, the intestines protruding, and one hour later was brought to the hospital, and twenty minutes after that he was operated on. The intestines were washed and put back and sewed up by Lembert's interrupted sutures; the other one was treated as an open wound, and was more in the region of the liver. There was prompt recovery. The fact that the intestines protruded probably kept the peritoneal cavity free from any contamination. It is interesting to show how much injury can be done to a man in this way without bad results, and then it is also well to know how important a rapid operation is, for within an hour after the injury this case was operated upon. He is now apparently well and is able to attend to his work, and did not suffer very much from the shock.

Dr. John Morris, who is on the Lunacy Board of Maryland, spoke of the man who did the stabbing. He said that in many of these cases who were confined in institutions where there was no work there came a wave of insanity over them once or twice a year. This man was detained in an insane asylum, and seemed so much better that he was brought to the penitentiary, where he stabbed this man, one of the keepers.

Dr. Joseph C. Bloodgood then read a paper on "The Transplantation of the Rectus Muscle in Operations for the Cure of Certain Cases of Hernia" (see page 525).

Dr. Samuel T. Earle, Jr., then made some remarks on "Rectal Medication by Means of Collapsible Tubes." There has always been a great difficulty in applying ointments and suppositories in diseases of the rectum. Allingham had devised hard-rubber tubes, which were well

enough in chronic cases, but which were rather expensive to use for a short time in acute cases. A well-known firm had devised compressible, collapsible tubes, such as artists use, with a long nozzle, and he had found that these tubes, being made of definite size, could be filled with ointments according to the prescription desired and applied with great certainty and exactness. He used them now entirely in his practice.

Dr. Earle also gave an "Exhibition of Electric Light for Rectal Work," which was very much on the same order as the electric light for throat work, a combination of the bulb and the tongue depressor. The whole instrument, together with the storage battery, costs $10, and is portable and easily handled. One charge would last ten hours, so that physicians using it for examination through the day need not have it charged very often, and those living at a distance from the city could have the cells sent to them as they were exhausted.

Dr. Hugh H. Young of the Johns Hopkins Hospital then read an extremely elaborate paper on "A Bacteriological Study of Cystitis and Urinary Infection —A Preliminary Report." He said this work had been begun about two years ago at the Johns Hopkins Hospital, and was extremely interesting, though very hard to carry out. The object was to see in cases of cystitis what organisms could be found in the bladder, and his method of making examination was by suprapubic puncture of the bladder to get the cultures. This was done with every antiseptic caution. The bladder is always easy to be reached above the pubes, even when nearly empty, by compressing the abdominal walls. He spoke of the bladder walls in posterior urethritis. It is strange that the bladder is not affected by specific urethritis, but this is rarely the case. It is only when there is a wound of the bladder walls that infection takes place. In eighteen cases of acute cystitis which he had had the staphylococcus pyogenes albus was obtained in eight cases, and in several it was after the use of instruments. In one case a young man, eighteen years old, had specific urethritis and was treated in the proper way at the hospital and was apparently cured. He was sent home to continue his treatment and through some faulty technique returned with cystitis. On examining the contents of the bladder, as above stated, he found the same organism as in the other case. This continued for two weeks, but the man recovered finally. In another case, a German, fifty years old, who was rather fond of beer, one night drank an unusually large quantity, and the next day showed symptoms of cystitis, with some hematuria. Here the staphylococcus was again found. The man had never had urethritis, and no instrument had been used on him. In five of these cases there was nothing found. Melchor held that the bacillus coli communis was the most common cause of inflammation in the bladder, but this is not the cause of acute cystitis. Some organisms seem to produce a mild attack and some a severe attack of cystitis, and in long-continued cases the colon bacillus seems to drive all the others away. These conditions have not been explained. He had also found cultures of the gonococcus in gonorrheal rheumatism, and Dr. Thayer in one case had even found organisms in the blood.

Dr. William B. Canfield said that the work which Dr. Young had described was a most elaborate production and was greatly to be admired, and he thought that the physicians ought to be very grateful to him for bringing it out so clearly. In the case of the German above mentioned, he thought it was rather strange that the organisms should be found simply from the beer and from no external cause. He also thought that five sterile cases in so few was a very large proportion.

Dr. Young replied that these organisms may find their way to the body through the blood, and these are paralleled in other internal cases. He was also surprised that five cases were sterile; but he had done his work with great care and was satisfied that he was correct.

Dr. Hiram Woods then read a paper entitled "A Case of Congenital Purulent Ophthalmia with Sloughed Cornea." This case was brought to him by another physician, and the sloughed cornea was evidently the result of ophthalmia of the new-born. He had followed, as he al-

ways did, Credé's methods, and in all cases this method should be employed.

Dr. Frank Dyer Sanger then read a paper entitled "On the Importance of Early Recognition of Enlargements of the Pharyngeal Tonsil," in which he spoke of the importance of removing adenoids from the posterior pharynx of children, and described his methods of doing it, and mentioned some of the defects and dangers of leaving a child with such growths unoperated on.

Dr. Edward M. Schaeffer was much pleased with this paper, and spoke of the effect of such growths on the mental training of children, and mentioned a case from his own experience.

Dr. Osler said the profession at large needed education on this subject quite as much as the public. He sees every year eight or ten cases of serious trouble resulting from the negligence on the part of the physician who should have insisted on compelling the parents to have the child operated on at the hands of a specialist. It is a very easy matter. A child that breathes loud in its sleep and snores at night should be put into the hands of a specialist at once. It is not every throat specialist who can treat successfully such cases. He wished to emphasize again the very great importance of this subject. It is not the public so much as the profession that was to blame.

Dr. H. O. Reik then made some remarks on the "Use of Formaldehyde Gas in Sterilizing Instruments," in the course of which he exhibited the small disinfecting case designed by himself and Dr. W. T. Watson and which they had both used with such success. He wiped knives across pure cultures of virulent organisms and then put them in this case, and by the use of five grains of formaldehyde burned in the lamp with closed door the knives were thoroughly sterilized in ten minutes, and even when wrapped in a towel they would be thoroughly sterilized.

Dr. William Royal Stokes and *Dr. Arthur Wegefarth* then demonstrated "Free Leucocytic Granules in the Plasma and Their Reaction to Various Stains" (see page 627).

This was discussed by several members. *(To be continued.)*

ASSOCIATION OF AMERICAN PHYSICIANS.

THIRTEENTH ANNUAL MEETING, HELD IN WASHINGTON, D. C., MAY 3, 4 AND 5, 1898.

THURSDAY, MAY 5—THIRD DAY.

Dr. A. H. Smith of New York read a paper entitled "Antitoxine Treatment of Pneumonia." He thought that the pneumonia infection was from a continuous changing set of microbes; while old ones were dying out, new ones were growing up and infecting the body. There must be an antitoxine which has its share in the resolutions of the disease, and thus begins its action from the beginning of the disease. He made a culture broth of these organisms, peptonized it and injected it into rabbits and gave them immunity, and then killed the animals and injected its blood into another rabbit, and so on, until all were immune. Blood from a man ill with pneumonia killed the rabbit at once. He then went over the old ground of pneumotoxine and anti-pneumotoxine. Toxines are not always of the same strength, and may be either worthless or extremely dangerous. Washburn has been endeavoring to produce a reliable toxine, and the New York Health Board is also trying the same thing.

Dr. William H. Welch of Baltimore said that he had been experimenting with these toxines and has published his results. The work of Klemperer has been disproved. He had repeated his whole experiments, and found it was very difficult to demonstrate toxine in the blood of those who had recovered from pneumonia. He had injected a stronger injection into rabbits and it did not kill them. It is not true that antitoxine appears in the blood of a person in the crisis of pneumonia; on the contrary, the toxines are stronger at that time. Thus, $1\frac{1}{2}$ cc. of the blood of a person convalescing from pneumonia three or four days after the crisis was rapidly fatal to a small amount to rabbits. By the method of Washburn no one can tell what the result will be, but if one can judge by analogy the injection of living cultures is not likely to lead to an antitoxine. There is a sound experimental basis for the diphtheria antitoxine only; the others do not

rest on any satisfactory scientific basis.

Dr. V. C. Vaughan, Ann Harbor, Mich., said he had read a paper on this subject in 1894 at the International Congress of Hygiene, at Buda-Pesth, and in the recent abstract of this work by Lewy and Richter his paper had been included. He agrees entirely with Dr. Welch that the pneumotoxine is preventive only to a certain degree, and this only temporarily so, but the difficulty is to know what amount of antitoxine to use; the result, too, depends on the leucocytosis that exists at the time. There is no promise at the present time of making it of therapeutical effect. The action is germicidal and is not antitoxic in character.

Dr. Charles G. Stockton of Buffalo said that there was a feeling that a degree of leucocytosis had something to do with the decline of pneumonia, and the safety of a given patient depends on this degree. He showed the blood and temperature charts of a case which he had had of a child eight years old that had a recurrence of lobar pneumonia; it had had three distinct attacks in six weeks. There was no expectoration, so sputum could not be examined, but the physical signs were classically distinct, and there was evidence of intoxication. There was a complete absence in the usual symptoms and physical signs of catarrhal pneumonia. The point of interest is that the blood was counted in these attacks, and just at the end of each attack it was found to have very few of these white cells; but at the end of the last attack there was a greater degree of lymphocytosis. There was nothing peculiar about the blood in this case; fifty-six days after the end of the last attack the blood was normal; this case was unusual. It might have this interpretation in the absence of the normal number of leucocytes, especially of the multineuclear cells; the child did not gain the immunity which an ordinary attack would give, and this might be a certain amount of proof that in the last attack the blood reached the normal immunity.

Dr. F. C. Shattuck, Boston, asked if the blood count was made after each attack had run its course.

Dr. Stockton replied that one was made after and one during this attack.

Dr. Smith said, in conclusion, that leucocytosis is at its height some hours before its defervescence and sometimes before the decline of temperature. We should not wait until the fall of temperature begins.

Dr. Shattuck does not think this is the case; he thinks that even after defervescence there would be more lymphocytes.

Dr. William S. Thayer, Baltimore, said in his experience the great difference was in the behavior of the leucocytes. During the crisis it depends more on the clearing up of the lung rather than temperature; in his experience the leucocytosis depends largely upon the time of the clearing up of the lung consolidation; when this was retarded the leucocytosis lasted longer. In some cases there is a fall at the time of the crisis.

Dr. V. C. Vaughan then read a paper entitled "Bacteriology of Cheese," which was prepared by himself and Dr. Julian T. McClymonds. He said as the paper was very long he would simply state results. He had been interested in food-poisoning and cheese-poisoning for a long time, and long wished to study cheese. Last October he began this work; he has examined bacteriologically the cheese from sixty-eight manufacturers; each cheese examined was treated in about the same way. He bought a pound or more of cheese, he made a note of its physical properties, its appearance, its color, how old it was; he then broke it through the center, and with a sterilized platinum needle took up a small quantity and made cultures of it. He first made eight cultures of each cheese in different ways; two cultures aerobic at 38° C., two aerobic at room temperature; two anaerobic at 38° C., two anaerobic at room temperature; but he found that it was not worth while to make so many, as they all grew about alike, and he used only anaerobic cultures at 38° C. He had made some blood cultures; he also inoculated animals intra-abdominally with a mixed culture. This has been criticised by some. He used the animal as a living plate; whenever we found a germ that killed the animal, we used that germ in pure culture; afterwards when the animal was dead we always took a drop of blood

from his heart in the usual way, and were always very careful with germs we called poisonous. About fifty of these cheeses (not poisonous cheeses) were ordinary American cheeses; in everyone of them we found a germ which was pathogenic to white mice, guinea pigs, rabbits and white rats. He carried these germs through many cultures, and he thinks the organisms found were always of the colon group. It is an ordinary non-motile organism, giving the indol reaction; it reddens litmus paper and it does not produce any soluble toxine. Cultures of beef tea were injected into a rabbit and did not kill it for forty-eight hours. Five were not killed for seventy-two hours, and one in ninety-six; thus large quantities would not kill, showing that in liquid cultures every inoculation decreases the virulence of the germs. He grew it in Roux's flask. Boiling does not alter the germ, for the dead germ is just as toxic as the living one. He noticed in cases of fish-poisoning, one man gave morphia and the patient died. One-fourth of a minim of the organism culture is a fatal dose to an animal if at the same time you give it one-fourth of a grain of morphia, even at the time of the dose or later; morphia in itself has no effect on these animals. He thinks as an analogous instance many cases of peritonitis are killed by morphia. He also looked for good germs in the cheese; in no sample of old ripe cheese did they find any pathogenic germs. In imitations of Limburger they did find an organism, but in imported, such as Roquefort and Camembert and other such cheeses, no such germ was found, although in American cheeses they were found. They did discover a group of germs which were rapidly peptonizing. He experimented in milk with this germ and got excellent results, and at no time is it poisonous to animals experimented on.

Dr. H. G. Ernst of Boston asked him if he ran down the dose of morphia in proportion to the size of the guinea pig.

Dr. Vaughan replied that he did not. On the animals he used one-fourth of a grain of morphia; second, one-fourth cubic cc. of a culture, and neither one has taken effect,and the third animal had both and died.

Dr. S. J. Meltzer of New York spoke of the effect of morphia on the power of absorption, and Dr. Vaughan said he used strychnia in a one-sixteenth of a grain doses, but it did not have any effect.

Dr. Shattuck asked if he understood Dr. Vaughan meant to say that the oldest cheeses were safest.

Dr. Vaughan replied that it may be age or the way the cheese is made; poisonous germs are killed at 65° C. (148° F.) in three minutes, but none of these rapidly peptonizing germs are affected by heat, so that if the cheesemaker would pasteurize his milk at 165° or 166° F. and kill out all poisonous germs, then the peptonizing germs would remain and the cheese would be safe. He could not say if this would work practically or not.

Dr. A. C. Abbott, Philadelphia, asked Dr. Vaughan if the germs destroyed these animals by feeding experiments.

Dr. Vaughan said there was no effect from feeding.

Dr. Shattuck asked again if Dr. Vaughan meant to say if in ripe cheeses there were no bad germs, are we safe in using these old cheeses, such as Camembert and Roquefort.

Dr. Vaughan said that he thought that the old cheeses were the safest; he said American cheeses did not keep very long.

(*To be continued.*)

The Persistence of the Bacillus Typhosus.—If a case cannot be said to have recovered until its specific organisms has disappeared from the body, then some diseases last a long time. In the Johns Hopkins Hospital Bulletin Dr. G. Brown Miller, the resident gynecologist, reports the presence of the bacillus typhosus in the gall bladder seven years after typhoid fever. The patient had two attacks of pain caused by gall stones in the spring of 1891. These were followed within a month by an attack of what was presumably typhoid fever. The gall bladder became infected by the bacillus typhosus, which caused a chronic inflammation, which continued until the time of operation seven years after the typhoid fever. There was no history of an attack of typhoid fever subsequent to the attack in 1891.

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BALTIMORE, JUNE 11, 1898.

Vital Statistics for the State.

ONE great difficulty which the State Board of Health has had to contend with is the collection of vital statistics of the State, and the former Secretary, Dr. James A. Steuart, made every attempt to collect these important facts. The last legislature, after hard work by Dr. Fulton and others on the State Board, passed a law which is not all that was asked for, but is better than former laws.

The law passed by the recent legislature, providing for the registration of births and deaths, will be in operation by the first of July. As it stands, the law is widely different from the bill which was introduced by the State Board of Health. In its progress through the two Houses it lost a most important, if not an essential feature. No burial permits are required anywhere in Maryland except by local ordinances. The burial permit is the key to complete registration of deaths.

In one respect the General Assembly amended to some advantage. Desiring to place all the responsibility for death reports upon the physicians, they put the whole business of registration of vital statistics into medical hands. If the profession will for the present live up to the law as it exists it may be found possible in future to collect more complete and reliable statistics than is possible in States where the town and county clerks are the registration officers. Physicians are required to report all deaths to the local health officer, who is the local registrar of vital statistics. In the first ten days of each month the local registrar forwards to the Secretary of the State Board of Health all the certificates received during the preceding month. Births are to be reported within four days.

The card system of records will be used, perforated certificates of birth and death being supplied to physicians and midwives in convenient packets. Registry books are supplied to each local registrar, and an exact copy is made of each certificate before it is sent to the State Registrar. A classification of causes of death for statistical purposes has not yet been made. Various classifications are used in the United States. The Bertillon system is, perhaps, the best of those now in use, but only two or three States have adopted it. The Census Bureau in Washington uses the English classification. The practice of American boards of health presents so little uniformity that the State Board of Health of Maryland will not be guided by American practice, but will make its own classification, perhaps modifying the Bertillon system so as to bring it as nearly as possible into conformity with modern knowledge. Having the advice and assistance of Dr. William H. Welch, this part of their work should be particularly well done.

The success or failure of the law as a whole will depend largely upon the good will of the medical profession of the State. The labor exacted of each practitioner will be quite trivial, except in the case of those few physicians who lose great numbers of patients or officiate at deliveries too numerous to mention. The chief difficulty for the average practitioner is to form the habit of making prompt records. There are penalties designed to aid in the formation of this habit.

The fact that burial permits are not necessary is the weak point in the law, for that alone compels physicians in cities to report deaths, and many men never think of reporting births. The State Board of Health and the Secretary are to be congratulated on the results of their labors, and the outcome of the working of this new law in the next two years will be looked forward to with interest.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 4, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	12
Phthisis Pulmonalis	..	18
Measles	52	1
Whooping Cough	3	2
Pseudo-Membranous Croup and Diphtheria.	19	3
Mumps	..	..
Scarlet Fever	15	2
Varioloid	..	..
Varicella	1	.
Typhoid Fever	1	1

Dr. W. H. Gannon, a well-known physician of Brunswick, Md., did last week, aged fifty.

Illinois is trying to have a medical-practice act, with a State Board of Medical Examiners.

At the recent commencement of the University of Pennsylvania 183 received the degree of M.D.

Dr. George Miller, a prominent physician of Lancaster, Pa., died at his home recently, aged seventy.

Dr. William Osler of Baltimore has recently been elected a Fellow of the Royal Society of London.

Dr. E. E. Stonestreet of Rockville, Md., has been appointed county physician to Montgomery county.

The Pennsylvania Hospital will have a complete laboratory from the fund given by Mrs. Ayer and her son.

Physicians of Augsburg, Germany, wear a red cross on a white badge when they use their wheels on the street.

The Connecticut State Medical Society has put itself on record as being opposed to any kind of contract medical practice.

Dr. W. C. Boswell, a native of Baltimore, but for several years a resident of London, died there last week, aged thirty-nine years.

Governor Tanner of Illinois deserves great credit for having vetoed the osteopathic bill which both legislative branches passed.

At the University of Freiburg the students are insured against accidents in the gymnasium, in duelling and in any other way within the university precincts.

There is an attempt again this summer to start free public baths in Baltimore, and the exhaust steam from large power plants will be used to moderate the temperature of the water.

Dr. Frank W. Upshur of Richmond, who has completed a term of service as house physician and surgeon in the Boston Marine Hospital, has returned home to practice with his father, Dr. John N. Upshur.

Dr. John A. Twigg, a prominent young physician of Cumberland, died at his home recently, aged thirty-two years. He was a graduate of the University of Maryland in 1893, and had served as resident physician at the Western Maryland Hospital.

The Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia will hold its next meeting at Cumberland Thursday, June 23. Dr. George J. Preston of Baltimore and Dr. J. H. Musser of Philadelphia will read papers.

Chancellor MacCracken of the New York University announced at the commencement exercises of that institution that they would unite with Bellevue Hospital Medical College and call the new school "The University and the Bellevue Hospital Medical College."

There will shortly be held a meeting between a committee from the secretaries of the various State Boards of Health and the general baggage agents of trunk lines to agree upon some uniform law relating to the transportation from one State to another of deceased persons who have died from some contagious disease.

Dr. Richard W. Mansfield, a prominent physician of Baltimore and especially well known in South Baltimore, died at his home last week after a short illness. Dr. Mansfield was born in Kent county, Maryland, fifty-eight years ago; he came to Baltimore in 1852, and after a course at the Baltimore City College took his degree later at the University of Maryland in 1865. During the Civil War he was a medical cadet, and after the war was an assistant surgeon in the regular army. He was a member of the State Medical Society and of many other organizations. He leaves one son, Dr. Arthur D. Mansfield.

Washington Notes.

Drs. S. Clifford Cox and Walter K. Beatty have entered the military service of the United States.

The Commissioners have ordered that hereafter calls for physicians to the poor shall be left at the various stations instead of at the residences of physicians.

The appointments of physicians to the poor, announced and approved by the Commissioners, are as follows: Drs. John M. Norris, Lewis J. Battle, Wilferd M. Barton, S. Clifford Cox, Francis R. Hagner and Walter K. Beatty.

The banquet of the Alumni Association of the Columbian University was given at the Ebbit House Wednesday evening. Addresses were made by President Whitman, Drs. W. W. Johnston, J. Ford Thompson, D. K. Shute, W. P. Carr and M. F. Thompson.

The sixteenth annual report of the Garfield Memorial Hospital, just issued, shows a total of 1385 cases treated in the hospital during the year. Of this number 823 were cured, 304 improved, 26 unimproved and 90 died. There were 85 infants born in the maternity ward. Over 50 cases of typhoid were treated, with a mortality less than 4 per cent. Of the 385 surgical operations, 314 were cured, 40 improved, 11 unimproved and 20 died.

Miss Clara Barton, president of the National Red Cross, is in Washington to ask permission of the military authorities to establish Red Cross headquarters at all the permanent military camps in America. The purpose of these headquarters will be to supply medical aid, if necessary, and other relief to the soldiers. Headquarters will be in charge of the Red Cross representatives, who will be under the direction of the military authorities.

An order has been issued from the War Department permitting the transfer of enlisted men of the volunteers to the hospital corps of the regular army by the commanding general of the army corps in which the soldier is serving upon the recommendation of the chief surgeon of the corps. Acting hospital stewards will be detailed from privates of the hospital corps who are recommended by their medical officers as possessing the necessary qualifications. Hospital stewards will be appointed from acting hospital stewards who have served not less than three months in the corps.

The seventy-ninth annual commencement of the Columbian University was held June 1 in Convention Hall. There were 18,000 invitations issued and the ceremony was one of the most memorable in the history of the university. The address of the evening was delivered by Representative J. P. Dolliver of Iowa; subject, "The Nation of America." There were 211 graduates, upon whom the degrees were conferred as follows: Bachelor of arts, 10; bachelor of science, 12; bachelor of law, 88; doctor of medicine, 24; doctor of dental surgery, 15; doctor of veterinary science, 2; master of law, 28; master of patent laws, 11; civil engineering, 1; electrical engineering, 1; master of science, 4; master of arts, 13; doctor of philosophy, 2.

Book Reviews.

THE DISEASES OF THE STOMACH. By Wm. W. Van Valzah, A.M., M.D., Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital, and J. D. Nisbet, A.B., M.D., Adjunct Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital. Illustrated. Philadelphia: W. B. Saunders, 1898. Pp. 674. Price $3.50 net.

This work, the second upon the diseases of the stomach which has appeared within the last ten or twelve months from the pen of an American writer, is most valuable not only to the general practitioner, but to the specialist in gastro-enterology as well. The subject-matter is presented clearly and concisely, and the entire work is stripped of all unnecessary details, theoretical excrescences and bombastic egotism. We heartily welcome its appearance, and predict for it a most favorable reception by the medical profession in general. The book, as intended, is simple, clear, practical and complete in useful information.

The contents are divided into six sections. The first is devoted to an introduction and classification of the diseases of the stomach; the second deals with diagnosis and diagnostic methods; the third with general medication; the fourth treats of the dynamic affections of the stomach, and the fifth of the anatomical diseases of the stomach, while the "vicious circles" of the stomach are considered in the last section.

The illustrations, as a rule, are good, and the typography of the work in accord with the

general excellence maintained by its publishers. The index is full, but in a future edition had better be printed in larger type.

Throughout the text it is apparent that the writers speak from experience and are not merely rewriting the work of others.

We note two new terms which have been introduced into the already overflowing terminology devoted to matters appertaining to the stomach, viz., adenohypersthenia and adenasthenia. We are inclined to question their right to existence from a physiological point of view, not to speak of the phonetic discord. The writer's distinction between myasthenia with stagnation and myasthenia with retention deserves consideration. The section on diet is entirely satisfactory. Innumerable recipes for fancy dishes, it is true, are lacking, but we thank the authors for having spared the reader in this particular. We are likewise glad to note that diagnostic methods, both cumbersome and of doubtful value, have been omitted in this work.

St. Louis Medical Gazette. Volume I. Number 1. June, 1898.

This is the latest addition to the now already large number of medical journals issued in St. Louis. It has a large editorial staff, and the contents consist of original articles and departments. The price is $1 a year, and the character of advertising is high.

REPRINTS, ETC., RECEIVED.

Ophthalmia Neonatorum. By L. Webster Fox, M.D. Reprint from the *Medical Bulletin.*

Diet for Consumptives. By Reynold W. Wilcox, M.D. Reprint from the *Medical News.*

Some Conclusions Drawn From Experiences in Pelvic Surgery. By A. V. L. Brokaw, M.D., of St. Louis.

Solution of the Proprietary-Medicine Question. By C. C. Fite, M.D. Reprint from *The Philadelphia Medical Journal.*

The Inguinal Operation for Femoral Hernia. By George M. Edebohls, A. M., M.D. Reprint from the *Post-Graduate.*

The Suture-Clamp Operation for Hemorrhoids. By Lleyellyn Eliot, M.D. Reprint from the *Therapeutic Gazette.*

Pharyngitis Herpetica Associated with Menstruation. By Lewis S. Somers, M.D. Reprint from the *Philadelphia Medical Journal.*

Current Editorial Comment.

REPUTABLE MEDICINES.

Kansas Medical Journal.

If we are familiar with the properties of a preparation we lose no dignity in prescribing it, whether patented or not, so long as its sale is restricted to a legitimate field. On the other hand, a preparation, no matter how well it may be prepared or how reputable the manufacturer, if it is foisted upon the public as a cure-all, if the newspapers and the preachers are hired to tell of its wonderful curative properties for all human ills, with no respect for truth or regard for its true therapeutic properties, needs no further condemnation to the physician who respects himself and his profession.

SENDING BILLS.

The Journal.

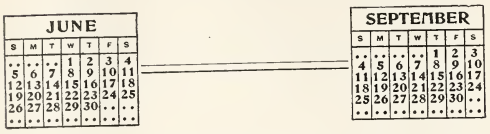
Do not put off sending bills quarterly, half-yearly; you are giving your clients' warm gratitude too much time in which to cool. You yourself receive regularly every month your bills from the grocer, the tailor, the landlord, and are expected to quickly liquidate; yet the writer has many times seen people visit upon their devoted physician's head their greatest displeasure that he should venture to send them a statement under three months, intimating that they were in the habit of paying their bills and that they did not expect in the near future to change their places of residence.

UNSELFISH PROFESSIONS.

Massachusetts Medical Journal.

There are some curious things in this world, and one of them is that, in theory at least, the aim and objective point of the three learned professions is to do away with the necessity of their existence. The minister seeks to reform the world, to make it so righteous that there will be no further need of admonition and exhortation; the lawyer is constantly striving to make it "hot" for the criminal, to make crime so unpleasant and to popularize justice so thoroughly that the statute book and the jail will no longer be required; the physician recognizes the prevention of disease as the highest purpose of his calling. If he could succeed there would be little or nothing left for him to do, for prevention would ask little beyond individual knowledge.

Medical Meetings.



The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

August.

AMERICAN CLIMATOLOGICAL ASSOCIATION. Bethlehem, N. H., August 31, September 1. GUY HINSDALE, Philadelphia, Pa., Secretary.

September.

ARMY AND NAVY MEDICAL ASSOCIATION. Springfield, Ill., September 27. E. P. BARTLETT, Secretary, Springfield, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Buffalo, N. Y., September 13-15. JOHN GERIN, Secretary, Auburn, N. Y.

MISSOURI VALLEY MEDICAL SOCIETY. Council Bluffs, Iowa, September 15. DONALD MACRAE, JR., Secretary, Council Bluffs, Iowa.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Pittsburg, Pa., September 20-22. W. W. POTTER, Secretary, Buffalo, N. Y.

State Societies.

June.

MAINE MEDICAL ASSOCIATION. Annual meeting at Portland, June 1, 2 and 3, 1898. W. K. OAKES, M. D., President, Auburn, Me. CHAS. D. SMITH, M. D., Secretary, 126 Free Street, Portland, Me.

RHODE ISLAND MEDICAL SOCIETY. Annual meeting at Providence, June 2, 1898. WILLIAM A. GORTON, M. D., President, Providence, R. I. FRANK L. DAY, M. D., Secretary, Providence, R.I.

THE MASSACHUSETTS MEDICAL SOCIETY. Annual meeting at Boston, June 7 and 8, 1898. H. P. WOLCOTT, M. D., President, Cambridge, Mass. F. W. GOSS, M. D., Secretary, Roxbury, Mass.

MEDICAL SOCIETY OF DELAWARE. Annual meeting at Wilmington, June 14, 1898. P. W. TOMLINSON, M. D., President, Wilmington, Del. FRANK BELVILLE, M. D., Secretary, Delaware City, Del.

MINNESOTA STATE MEDICAL SOCIETY. Annual meeting at Mankato, June 16, 17 and 18, 1898. W. D. FLINN, M. D., President, Redwood Falls, Minn. I. DONNELLY, M. D., Secretary, St. Paul, Minn.

MEDICAL SOCIETY OF NEW JERSEY. Annual meeting at Asbury Park, June 21, 1898. D. C. ENGLISH, M. D., President, New Brunswick, N. J. WILLIAM J. CHANDLER, M. D., Secretary, South Orange, N. J.

August.

MEDICAL SOCIETY OF VIRGINIA. Annual meeting at Virginia Beach, August 30. LANDON B. EDWARDS, M.D., Richmond, Va., Secretary.

September.

IDAHO STATE MEDICAL SOCIETY. Moscow, Idaho, September 6. EDW. E. MAXEY, Secretary, Caldwell.

(*Continued on page* xvi.)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXIX.—No. 10. BALTIMORE, JUNE 18, 1898. Whole No. 899

Original Articles.

WANTED—THE WHOLE MAN.

"*Remember the whole boy goes to school.*"—Col. F. W. Parker.

By Edward M. Schaeffer, M.D.,
of Baltimore.

Member Association for Advancement of Physical Education; late Physical Director Washington and Lee University.

READ BEFORE THE MARYLAND PUBLIC HEALTH ASSOCIATION, BALTIMORE, MAY 12, 1898.

STRANGE delusion—and how frequently it still prevails!—that the minds of the pupils are seated at the desks and their bodies hanging on the peg with their wraps, waiting to convey the daily store of knowledge home! True, recesses are occasionally given, and a *quodlibet* pickle and pie luncheon allowed the tired body, but the feelings of the hungry brain cells may be imagined when this acidulated extract is served as a nutritive by the blood current, to say nothing of disturbing sensations in the middle parts, where the lesser brain presides.

Let us first define "the whole man," and then see if we can find a specimen, the educated outgrowth, in some sense, of the whole boy whom we sent to school.

Edward Carpenter, in his "Civilization: Its Cause and Care," remarks: "The difficulty is really to find a healthy person. We are actually less capable of taking care of ourselves than the animals are. Indeed, we are fast depraving the domestic breeds. The cow, the horse, the sheep, and even the confiding pussy-cat, are becoming ever more and more subject to disease. Savage races die like flies wherever civilization touches them. * *

"As is well known, the words *health, whole, holy* are from the same stock, and they indicate to us the fact that far back in the past those who created this group of words had a conception of the meaning of health very different from ours and which they embodied unconsciously in the word itself and its strange relatives."

"Heal, hallow, hale, holy, whole, wholesome" are all akin. To inhale and exhale is to keep the body "whole" (hale and hearty), although breathing is a lost art among a housed and fashion-bound race. Spirit and soul are synonymous, etymologically, with "breath" itself, and even "salvation" comes as a physical expression of the wholeness, wholesomeness, holiness of the body and its higher aspirations. The religion of the body is as sacred and authoritative as that of the soul.

Indeed, it is the physique which "bases a soul upright and free," and there is scientific philosophy in the statement that "morality and religion begin with the food that yields the energy by which they are manifested."

We can never get away from the self-evident fact that this world is not ready for bodiless spirits. Although mind is king, matter is the vehicle and instrument of mind, and must be cared for and trained co-ordinately in order to give to the former healthy, natural and effective expression.

Said Dr. Wood in a timely address before the Woman's College of Baltimore: "It is essential that the whole mode of life be studied and carefully arranged—food, sleep, dress and rest. We want to

secure symmetrical development of body and the mental health and vigor depending upon such a condition. Do not degenerate into a lopsided human being with restless brain and feeble vital function for whom there exists no other than intellectual enjoyment!"

It has been pointed out that there is the same difference between physical health and physical education as between mental health and mental education. It is a difference of training and developed power.

A PLEA FOR SHORT SKIRTS.

The ability to calculate motion, estimate height, judge of distance and handle one's self on a rope or ladder, etc., is of unquestionable value, especially to a woman obliged often to save herself by an appeal to her own muscles.

My diluted sympathies are extended to those women so long doomed by their own consent (added to masculine intrusion) to go through life with one hand tied behind their back in the service of a street-sweeping fashion, while health, life and public morals suffer in consequence. All hail to the Rainy-Day Clubs, which are true to their principles; to the bicycle girl, and the decorous freedom of the divided skirt!

Among the household gods which deserve your highest reverence and gratitude, young ladies, let none be more highly exalted than the inventor of the safety and the reviver of the only proper business garment for any human biped, be it named John or Arabella.

I say reviver, for the women of the East invented the trousers and man, the tyrant, stole them from her, leaving his victim to make the best of his old discarded skirts.

The long skirt is a very effective hobble, and serves a useful purpose in keeping one's wives at home, besides facilitating in their recapture, an Oriental pastime.

"When standards of modesty," says Mrs. Ecob, "are established in harmony with God's wonderful conception of the human body, the prejudice that now exists in the minds of a portion of womankind against such an innovation as liberated legs will vanish.

"The code of morals that conceals the face of the one [the veiled sisters of the Orient] is no falser in theory than the arbitrary social demands which cripple the other with garments setting at naught the wisdom of the Creator in adapting the body to the needs of an immortal soul. A vast brotherhood of sensible men stand ready to bid woman God-speed in harmonizing her ideas regarding 'fitting attire' with the privileges, purposes and demands of her life."

Politics, religion and health rest under a sort of society taboo, which, like most quarantines, does not represent up-to-date ideas in dealing with educational problems of righteous living.

Hence, flourish jingoism, the travesty of statesmanship; sectarianism, the libel of common brotherhood; disease and invalidism, the insignia of violated physical law.

What is the aim of physical education and what does it signify?

Physical education has no necessary connection either with indoor drills and apparatus or with outdoor acrobatics. It is neither rhythmical calisthenics nor pugilistic athletics.

It is a logical and scientific provision for the common and inseparable needs of the body-mind and the mind-body. It wishes "to make the most of the body for human purposes," as Dr. W. T. Harris has expressed it, and to fulfill its divinely-appointed part in developing a well-rounded symmetry of the moral, intellectual and physical nature.

An education which ignores the physical basis of life "manufactures cripples," as Plato said in his day, and handicaps the child in each and every department of his being. This is no sweeping statement born of a special enthusiasm; it is the judgment of the foremost educators of our time, and is the watchword and inspiration of all workers in modern psychology and pedagogy.

"The object of education is to develop character, to educe faculty, to train for usefulness in the home circle and in the conduct of public affairs—to make good wives and mothers and good citizens, to train the mind to apply itself to the essentials of things and to make the body

subservient to the will. The training of the will is the ultimate end of all education."

President Eliot of Harvard thinks that trained faculties and not information or learning is the prime object of education. "To be able to do for one's self, to apply theory, to use trained faculties for tangible, practical results, is the issue." Dr. Clarke, in "Building of a Brain," remarks: "Education and study are apt to be confounded as synonymous, whereas study or literary culture is only one part of education. An educated person is something more, and much more, than a college graduate. The word is not used in the narrow sense of book learning or of school training, but in its proper philosophical and physiological signification of all that training, alike of the brain and of the body, which yields the just and harmonious development of every organ." Dr. Clarke uses the simile of a prosperous merchant, "growing out of his business by becoming acquainted with and supervising every detail of it; so the brain, the great central office, grows by taking part in and supervising the growth and function of every organ. If a single organ is wanting, or a single function not performed, just so much less brain development results."

Another writer says: "Education is an affair of the laws of our being, involving a wide range of consideration; an affair of the air respired, its moisture, temperature, purity and electrical state in their physiological effects; an affair of food, digestion and nutrition, of the quantity, quality and speed of the blood sent to the brain; of clothing and exercise, fatigue and repose, health and disease, etc.

"Education, then, has reference to THE WHOLE MAN—body, mind and heart. The being in whom you find this union is the only one worthy to be called educated."

PRESENT STATUS OF PHYSICAL TRAINING AND HYGIENE IN THE SCHOOLS OF MARYLAND.

In looking the field over an agreeable surprise awaited your reporter in the quality and applications of the work in institutions which had not previously been visited by him.

While Maryland has been very backward in the general recognition accorded this essential branch of education, here and there, excellent use is made of physical training in the curriculum. This report is at least valuable in presenting the ideas and aims which pervade this movement as expressed by the educators themselves, at my suggestion. While it is not exhaustive, it is characteristic and fairly represents what is going on within our borders. Two of the best equipped institutions founded for the education of girls do not at present permit the male visitor. This is more a local, conservative, than ethical proscription of the scientific mind.

M'DONOGH SCHOOL.

From the beginning of the school in 1873 the boys have been given military drill without arms for twenty minutes each day during the months of spring and autumn. In 1893 a gymnasium was erected, having a floor space of 50x100 feet, and since that time each boy has been required during the winter to devote two periods a week of twenty minutes each to the setting-up drill or Swedish gymnastics. At present only the Swedish exercises are employed during the winter. The gymnasium serves as a playroom for the boys and is always at their disposal. No apparatus worthy of mention has ever been in use at McDonogh. An ample playground lies at the door of the gymnasium, and every boy delights in roaming over the farm of 800 acres. Hunting, fishing, trapping, swimming and other outdoor sports or exercises occupy nearly all the leisure time of the boys. The recitations during the school session occupy the time from 8 A. M. to 1 P. M., except for a recess of fifteen minutes for the large boys and thirty minutes for the smaller boys. Nearly all of the boys actively participate in baseball, football or other games during this recess or at some time during the day. Each boy who completes the course of study given at the school will recite daily on the subject of physiology and hygiene during one session of nine months. The number of pupils is 150. They enter the school between the ages of ten and fourteen and leave at sixteen or seventeen. Fifty boys

are employed for nine hours a week during the school session and five hours a day during the summer in the carpenter shop. Twenty more are printers and work in like manner as to time. The remainder are busy during two hours each afternoon and three hours Saturday morning at farm work, garden work and other duties too varied to mention in this brief space. Manual training in the broadest sense of the term is an essential feature of McDonogh education. The boys all come from Baltimore city, and must have a doctor's certificate as to generally good physical condition and good sight and hearing. Upon such boys the effect of life at McDonogh is readily noticeable. Plenty of rich blood, strength of muscle and general activity and good health soon result and become a valuable piece of personal property which the possessor may, with proper care, keep for life.

BALTIMORE POLYTECHNIC INSTITUTE.

The following statement by Mr. John W. Saville, president, given in the '95-'96 report of the Commissioner of Education relative to the *rôlc* of manual training, is of interest:

"Manual training is intended merely as a stepping-stone to higher technical study. It does not aim to teach a trade, but does aim to give an insight into many. The central idea of such instruction is to develop all the faculties a youth may possess, whereas in a purely collegiate school we frequently find that there is no association whatever of theory and practice; in a manual training school the two go hand in hand.

"Owing to opposition, the promoters of manual training have not yet met with the success that they feel will one day crown their efforts. I boldly predict, however, that when that day does arrive the superiority of the manual training school boy to the collegiate student can be easily demonstrated. My belief in this prophecy arises from the fact that in this system of instruction may be found the secret of true education; the mind should be stored with ideas instead of words, using the latter only so far as they are needed to convey the necessary ideas to the mind."

COUNTRY SCHOOL FOR BOYS.

Mr. Winsor, principal, writes: "Our object is to give city boys the benefits of open-air life in the afternoons. We make provision for baseball, football, tennis, cricket and handball out of doors, and we serve a hearty midday meal. We go in for games rather than set exercises in the gymnasium. The whole school take part—2 to 4 P. M. each afternoon, all of Saturday afternoon and all of Monday morning. After each recitation period there is a recess of five minutes and one 15-minute recess in the morning. There is some elementary military drill, chiefly for the sake of the discipline.

"In our manual training work the purpose is to give control over the hands and, at the same time, to develop a perception of the inherent beauty of form, balance, proportion, etc. Besides drawing, modeling and carving, the course will contain instruction in carpentry, pattern-making, mechanical or artistic drawing, etc. Most of our boys come from well-to-do families, and I feel that the habit of *making things* will relieve them of the helplessness that characterizes the ordinary rich boy, and will make them self-reliant. I also know from experience that manual training has a distinctly beneficial effect on the lessons; it helps to make boys neat, accurate, logical and attentive."

MARYLAND SCHOOL FOR THE BLIND.

The skeptic on the educational value of physical training will here receive a powerful enlightenment. Says Mr. F. D. Morrison, the superintendent:

"We can hardly make an estimate of the value of physical training as a school exercise for blind children, for it is the foundation of all that follows. Confidence in motion is imparted. We often find it more difficult to teach a blind child to play than to read.

"The health of blind children averages from 5 to 10 per cent. below that of the sighted. We get improved health and better progress in studies.

"There are two instructors, one female and one male. An eclectic system is used, introduced in 1886, and there is a gymnasium 30x70 feet, furnished with Swedish and German apparatus. One hour is al-

lotted daily to gymnasium and two hours daily to directed play on an acre of ground. There is ten minutes' recess every hour. Hygiene is taught."

Miss Martien, the instructor, furnishes these additional items: "The boys are soon interested in making muscle and the girls in acquiring grace and ease of motion. With little children we begin by playing games, imitating the leaping of frogs, flying of birds, etc.; also different trades—sawing as carpenters, shoeing each other for horses or striking the anvil as blacksmiths. Next, it is always a surprise to find how few can touch correctly the different parts of their bodies as you name them. Then come free movements to teach direction; we clap hands, front, back, overhead, etc., or stamp feet.

A morning visit which I made at this excellent school was most interesting and inspiring. The pathetic side of the exhibit was much relieved by the remarkable results that were in evidence, mentally, physically and psychically, in this restricted class. Nothing except wise physical training could so develop self-confident manhood and womanhood under such a sad and overwhelming handicap.

Speaking of defectives, Dr. S. J. Fort thus testifies to the value of the Swedish exercises in training the feeble-minded:

"Incoördinating muscular action is a characteristic of every grade of imbecility or feeble-mindedness, and so long as there is incoördination of function, be it found where it may, muscular, sensory *et al.*, just so long will the trainer have difficulty in making improvement in the classes under his or her care.

"Dr. Seguin laid down as a fundamental proposition in this training 'to train the hand, the eye and the ear,' and without wishing to speak against the so-called calisthenics, there is this to be said, that such exercises tend to satisfy the strong demand of the feeble-minded organism for rhythmical movement, but have little or no influence in developing muscle or bringing about a better muscular coördination. Such experience as the writer has had seems to prove that the Swedish movements as laid down by Ling, and adapted by competent trainers to the peculiarities of the feeble-minded, come very close to being the ideal, producing better results than any other method. It is not difficult to understand why this should be so when one considers that the basis of the training by this system uses all the muscles, and not only trains them to move physiologically, thus developing muscle strength, but establishes a control of muscle groups, tends to produce a better ability to respond to commands, and my experience seems to show that those following any other class of gymnastics."

COLLEGES.

ST. JOHN'S COLLEGE, ANNAPOLIS.

Introduced in 1890; has physical director and special coacher for baseball, football, boating and tennis. Gymnasium and athletic field. Time allotted, two hours three times a week during winter months. Military drill under army officers, 135 students in battalion; twenty-five get manual training in machine shop. Hygiene taught indirectly by lectures. About 100 students take systematic physical training.

WASHINGTON COLLEGE, CHESTERTOWN.

Rev. C. W. Reid, president. Gymnasium fitted with Sargent's apparatus. Athletic field. Three hours per week allotted to each class. Recess, half-hour, from 11.30 A. M. to 12. Hygiene taught. System introduced in 1892. This college is co-educational, and the gymnasium was presented to it by the townspeople. It was founded in 1782, and possesses a site of rare beauty and adaptability to healthy outdoor activity. Present number of pupils 110.

ROCK HILL COLLEGE,

founded in 1865, pays especial attention to physical training, and encourages the love of athletic sports in every way. Has large and shaded playground, bathing and skating pond, outdoor gymnasium, bowling alley, etc.

EASTON HIGH SCHOOL.

This ornament to Talbot county, a first-class up-to-date brick building, has in its well-planned school curriculum, since 1887, very intelligent instruction in physical training under Miss Flavia A. Welby.

One hundred and five girls are exercised in the Swedish method, supplemented by movements *à la* Delsarte and Dio Lewis. Time allotted, twenty minutes each day. Aisles used of large assembly hall; no gymnasium or playground. Hygiene is taught.

Manual training is given the boys in a shop fitted out with tools, etc. They receive daily instruction in woodwork.

One hour recess for dinner, 12.30 to 1.30 P. M. I can testify to the accuracy of results claimed: "healthy, well-developed, well-poised, graceful bodies."

Dumb-bells, rings and wands are also employed. The Dio Lewis exercises (with music, dumb-bells, etc.) are occasionally used with the children, because prettier and more popular.

STATE NORMAL SCHOOL.

Miss A. M. McLean, the instructor, states that calisthenics have been taught since the foundation of the school in 1865. In 1890 Swedish and Delsarte methods were introduced. There is a good gymnasium provided with Swedish apparatus. No playground. Time allotted averages two hours a week for junior and middle classes in an eight-months term. The senior class has a lesson every day from October 1 to April 12 lasting thirty minutes. This department is for the physical and mental good of the pupil, and the training is also to prepare the pupil to teach the subject.

Recess, thirty minutes at noon. School hours, 8.45 A. M. to 2.30 P. M. Number of pupils 400.

She has succeeded in awakening a genuine interest in the true principles of artistic dress and beauty of physique, so that her girls study authorities on art rather than dressmakers and other audacious dictators. The pupils have given up *en masse* the wearing of corsets, and besides these good works write most valuable essays on dress and physical training, charmingly illustrated. This marks a new era and emphasizes a most hopeful progress in cultivated taste as well as consideration for the highest welfare of the future home circle. May their faith and practice increase, and may they win high distinction in the approval of all who earnestly worship the true, beautiful and good!

WOMAN'S COLLEGE AND BRYN MAWR SCHOOL.

The best equipped and conducted institutions in Maryland, from the physical educator's point of view, are the Woman's College and Bryn Mawr School. Both have ample funds and employ medical directors, with graduates of special training schools as gymnasium instructors. Both give each student the benefit of a thorough physical examination by a medical expert. They have first-class gymnasiums, playgrounds, swimming pools, tennis courts, athletic associations, etc. They take good care of the inner man. Hygiene, physiology, anatomy, etc., are taught by the physical director, Dr. Lilian Welsh at the Woman's College.

Time allotted at Woman's College, three hours weekly during scholastic year. System and apparatus, Swedish. Gymnastic games—basket-ball, tennis, golf, hockey. Results claimed: improvement in general health, increased muscular strength and endurance; better habits of breathing ("costal" often replaced by "diaphragmatic"); improved carriage, gain in physical courage and self-control; correction of various abnormal conditions; improvement in habits of dress.

The Bryn Mawr School uses Swedish methods, teaches fencing, swimming, basket-ball, tennis for larger girls, various games for primary classes. Time allotted, at least two periods weekly, forty minutes each, for larger pupils; daily for primary classes. Recess, in main school, five minutes between periods and from 11.40 to 12.10.

Results claimed: General improvement in carriage, in quiet response to command, in muscle tone; also correction of minor defects, slight muscular curves of spine, etc. Improvement in general health, increased breathing capacity.

The Y. W. C. A., Y. M. C. A., and Turner organizations are also doing very commendable work in physical training, reaching large numbers of young men and women; and offer good instruction and gymnasium facilities at most reasonable rates. They deserve a liberal support and encouragement.

A CASE OF ADDISON'S DISEASE.

By Gilbert Tyson Smith, M.D.,

Baltimore, Md.

PATIENT, white; sex, female; age, forty-six years and two months; single; occupation, general housework; birthplace, Baltimore; residence, Baltimore.

Bedside Notes. March 28, 1898.—Temperature, normal; pulse, 80; respiration, 20; confined to bed; slight vomiting of white liquid matter, intermingled with mucus; great looseness of the bowels; voice weak; some anemia present, as shown by paleness of the conjunctiva; palpation and percussion of chest, abdomen and back, including lumbar region, negative; inspection, slight sinking in of abdominal wall; auscultation, first sound of the heart somewhat feeble, otherwise negative.

March 30.—Patient appeared slightly better; pulse, same; respiration, same; still some vomiting, but not severe, contents green; on inspection, palpation and on auscultation no appreciable change; bowels checked; she remained in this stationary condition until the morning of April 3, when everything turned decidedly for the worse; all the foregoing symptoms increased in severity until she died on the morning of the 6th.

April 3.—Pigmentation gradually appeared; first noticed on the forehead and over the malar bones, then on the dorsum of the hands, later on the arms, and on the following days, 4th and 5th, appeared on the mucous membrane of the mouth and tongue, followed by well-marked patches on the chest, first in the region of the nipples; finally becoming diffused, whence the whole body rapidly became involved in the discoloration; a slight tremor was seen; marked looseness of the bowels.

April 6 (two hours before death).—Patient conscious; great asthenia; respiration 52; pulse, imperceptible at the wrist; patient unable to speak above the faintest whisper; tremor more marked, with shorter intermissions, beginning first in the arms and extending throughout the body; hands, feet, arms, legs and whole surface cold; temperature under the tongue, 94°; pupils dilated; sclerotic clear and white; blue line plainly noticed along the inner margin of the lower lip; pigmentation marked, assuming a dark hue; tongue little coated, but dark; patient became unconscious a short while before death; heart ceasing before respiration; urine scanty, high-colored; examination, negative; feces now watery in character.

I was first called to see the patient March 28 at 11 A. M. She was confined to bed, suffering from looseness of bowels, accompanied with slight vomiting of liquid matter, white in appearance, intermingled with mucus. She stated her age as forty-six years, two months, but looked as old as one of sixty-eight. Hair slightly gray; color fair. For two weeks she had been feeling badly; had been confined to bed several days. She complained of a dull, tensive pain in the region of the kidneys. Examination of urine proved negative. She remarked that she was subject to similar attacks, but that this was the severest she had ever experienced. The pain in the lumbar region she had endured for several years, being more acute during these attacks. This pain she complained of much. At this visit her pulse was only altered during attacks of vomiting, when it increased in frequency, but returned to normal after the paroxysm. Temperature, 98 2-5°.

She appeared not so weak as one would suppose when suffering from such a gastro-intestinal disturbance. Respiration, 20. Saw her again on the 30th, when she seemed slightly better. Not until now did she tell me she had eaten heartily of pickles put up in strong vinegar some days before. This threw me for a short while off my guard. I thought then that the case might only be one of acute gastro-enteric trouble, caused by errors in diet. But the following day suspicions of a graver condition presented themselves. She became now gradually worse until death. During the last three days frequent visits were made. The diagnosis could not be declared positively until April 3 (three days before she died), as pigmentation only made its appear-

ance then. Symptoms which justified the diagnosis, although no post-mortem was permitted, are as follows:

Pigmentation before death over the surface of the body; noticed on the tongue and mucus membrane of the mouth; occasional attacks of vertigo, which the patient complained of having had for the past year. Pain in the region of the supra-renal capsules, constant, but varying in degree, greater in intensity during attacks. A line of pigmentation clearly defined along the inner margin of the lower hip; pain and soreness in the epigastric region; marked asthenia; feeble and irregular heart's action; when shortly before death the pulse became imperceptible at the wrist; sub-normal temperature; severe diarrhea, then constipation; later (towards the end) diarrhea. Vomiting, slight at first, but increasing in severity as the disease progressed. The noticeable feature of the sclerotic being clear and while, which contrasted markedly with the final dark bronzed appearance of face and body; loss of appetite early; little loss of flesh about the body, but emaciation marked in the face. Finally the eyes became sunken.

The diagnosis was based upon the above group of symptoms, which clearly presented themselves. Not until the appearance of the pigmentation, along with the other characteristic signs, was the diagnosis to be verified. No accurate history could be obtained; however, enough secured to prove negative the existence of any tuberculous condition on either side of the family. The patient herself, outside of her present illness and its sequelae, had always been healthy as far as her statement can be relied upon. She showed no mental weakness throughout the disease. Her mind remained clear until just before death, when she became unconscious. It is worthy of note that the temperature in this case was sub-normal after the first few days. No examination was made of the blood. Near the end I was forcibly struck with the extreme coldness of the extremities and the whole surface of the body; yet life existed, although there was no perceptible pulsation at the wrist; pupils now widely dilated, and the only indications of the existence of life which presented themselves were the rapid and feeble respiration, and on auscultation, the almost inaudible first sound of the heart. She lingered on in this condition fully two hours before death. Finally the heart failing before respiration.

Referring to pigmentation, there were noticed several well-marked bronze spots on the chest; they showed more plainly here than elsewhere; the largest about the size of a quarter, the smallest a little less in circumference than a dime. The patient two days before death became unable to maintain even a semi-erect posture in bed. Her lack of energy and endurance early in the attack is to be noted. The temperature under the tongue twelve hours before death was 95°. Two hours before death, 94°. The shortness of breath and shallowness of respiration became marked as the disease progressed; along with the pain in the region of the capsules, pain and soreness was complained of in the epigastric region. She often spoke of attacks of vertigo. Her appetite until this last sickness is to be noted. She would eat in large quantities with relish what seemed the most indigestible articles of food, such as pickles in strong vinegar, cold slaw, cabbage, etc. She was also a great tea drinker, but never cared for coffee. Her cooking as a rule was poor, for her means of living were inadequate. Strange to remark, she preferred this peculiar diet to a more digestible one, though fond of milk. Great depression of spirits ensued towards the last.

Dietetic Treatment.—Milk in small quantities at frequent intervals; egg albumen; beef broth; panopeptone. Finally, nothing would remain on her stomach but milk. She objected even to the addition of lime water to the milk, as she insisted it did not agree with her, and detected it in the first instance before my telling her of its presence. I then relied solely upon the milk.

Medicinal Treatment.—Bismuth was administered in ten-grain doses for the gastro-intestinal trouble. It seemed to have a soothing effect upon the irritated mucus membranes. The vomiting was

controlled as far as deemed advisable with dilute hydrocyanic acid in two-minim doses every three hours until two or three doses were taken, when it was substituted by an occasional hypodermic injection of Magendie's solution. The administration of iron, arsenic and strychnine in combination in tablet form was adhered to. Whiskey was given towards the end. At stated intervals hypodermatic injections of strychnine and nitroglycerine were used, with hopes of stimulating the flagging heart. When the diagnosis was established (three days before death) the dried supra-renal extract (in tablet form) was used; the effect proved negative, due probably to the lateness of administration. Hot-water bottles were kept to the extremities and body, with mustard plasters to the epigastric region.

In this case it is to be noted that a post mortem was prohibited, and that the diagnosis was delayed on account of the absence of one, the most characteristic symptom, pigmentation, until late in the disease.

JACKSONIAN EPILEPSY IN A PATIENT SEVENTY YEARS OF AGE.

By W. S. Beazley, M.D.,
Richmond, Va.

It is not my intention to discuss Jacksonian epilepsy, but to report a case showing aphasia and a variety of symptoms, as a result of an abnormal condition of the brain. It will be noted that aphasia has been persistent, and has shown itself in various forms. The exact location of the lesion that would cause all the symptoms which will be enumerated would be difficult to indicate. Nerve fibers bring the arm, face and leg centers into direct communication. Fibers also extend from these points to the internal capsule. A lesion anywhere in this region would produce aphasia in some form, and cause a variety of nervous symptoms. A lesion in the speech center would cause convulsions, and an interference with the nerve cells of the cortex near the arm or leg center might cause aphasia.

The case in point is interesting, because of the advanced age of the patient, now about seventy years, the persistent aphasia, the unusually irregular heart, which has also been persistent, the four epileptic seizures, and the fact that the patient still lives.

Mrs. A. was first known to me in September, 1894. Being sent for to prescribe, I found her suffering with headache, nausea and vomiting. The most distressing symptom was irregular heart, and, never having seen her before, I was fearful of organic trouble. Eight grains of calomel at night relieved all the symptoms, my suspicion of heart disease came to naught and the case proved to be one of indigestion.

Her family history was good, and she had enjoyed good health up to this time. In October, 1895, I was called to treat her again, but found a more complicated state of affairs. In addition to symptoms of the previous occasion, there appeared a severe pain in the left temple, extending over the left eye and locating in the eye of the same side. The pain was at times lancinating in character, and had to be relieved by hypodermic injections of morphine. After repeated applications of blisters to the temples, and appropriate remedies for the relief of pain, the patient recovered in two or three weeks, but with internal strabismus and diminished vision as a result.

With the exception of a few bilious attacks, and occasional neuralgia in the crippled eye, the patient progressed nicely. Two sebaceous cysts, each nearly as large as my fist, had been on her head for a number of years. So much, then, for this bit of history, introductory to her present illness.

On July 10, 1897, being called to her bedside, I found the following state of affairs: General convulsions, clonic in character, lasting about a minute or two, and followed by coma and stertorous breathing, slight rise of fever, and the most irregular heart I ever listened to. By the use of bromides and agents to improve digestion, she was able to sit up in about six weeks.

In October following the patient had convulsions again, and was treated, dur-

ing my absence, by my friend, Dr. Garcin. I was informed that the muscular twitching began in the big toe of the right foot, went up the leg to the right side and then became general over the whole body. In December I removed the two cysts from the head, as they had become very tight and made her a little nervous. One of them contained a white, cheesy matter, the other a fluid, dark and with such a disagreeable odor the daughter of the patient could scarcely remain in the room. Their removal had a moral effect, as she seemed to improve for a few days.

Aphasia has remained a prominent feature from the beginning of her attack. Her inability to remember words causes her to confuse her meaning in a curious way. For instance, wishing to know if she could sit up, she would say: "Can I come today?" Asked in regard to her appetite, she would say: "Yes; I reckon so, but they won't give it to me," meaning they will not give her everything she wishes to eat.

At times she talks incessantly, and at other times she becomes very quiet. She knows people who go in to see her, but cannot always call names. On one occasion I asked her who a certain man in the room was. She said: "That's my wife." When her digestion is bad her heart becomes very irregular, she gets very nervous and has nothing to say except when asked questions.

Since she was taken ill, in July, 1897, she has sat up but little. For two months she has not been lifted from her bed, even to take her meals, though she has had the use of her entire body all through her illness. On being summoned to Mrs. A.'s bedside, in January, 1898, I found her having the worst attack she has ever had. The first symptom of the approaching convulsions was a jerking of the little finger of the right hand, followed immediately by contraction of the right arm and side, the contraction then becoming general. The face was drawn to the right, the features were so distorted as to be scarcely recognizable, and there was some foaming at the mouth. During the period of relaxation the extremities could be moved about as in paralysis, and she would go into profound coma, with stertorous breathing, as in a case of apoplexy.

After the convulsions were over she became perfectly quiet, and slept until the next morning. A few days before the attack her appetite became poor, and she complained of a lump in the throat. The day before the convulsions the tongue became very much coated, and was much worse the morning after. Her disposition to talk seems to be a barometer which tells of the state of the stomach without other symptoms. Whenever she has little to say I know that her appetite is poor, and her digestion bad, and I begin at once to treat the stomach.

On February 23 Mrs. A. had convulsions for the first time after January 10. This attack lasted longer than those previous, but she did not go into a state of coma. She remembered having had the attack, and exclaimed: "Oh, my, I hope I won't have them any more!"

Mrs. A. has had no more convulsions up to this time, April 29, but is unable to leave her bed. She is very much emaciated and aphasia is still present, but her appetite is good and she sleeps well. She still makes all sorts of mistakes in talking. Sometimes she realizes her mistakes and laughs heartily. She is unable at times to repeat words told her, and could not even call her own name. There are times also when she cannot be made to understand. Her heart has been the point of greatest alarm. It has never been regular, and at times I am unable to count the pulse. It will beat slowly for a few seconds and then run at a rapid rate, as though the inhibitory nerves had lost their restraint.

PROTARGOL IN GONORRHEA.—Behrend (American Journal of Obstetrics) makes a preliminary report of his experience with protargol, and states that its local effect is intensely irritating and painful. This drug has not a rapid sterilizing effect upon the urethral mucous membrane. Concerning the reliability of bacteriological examinations for determining the presence or absence of gonococci, much depends on the period of the day, for the cocci may be absent in the morning and numerous later.

Society Reports.

ASSOCIATION OF AMERICAN PHYSICIANS.

THIRTEENTH ANNUAL MEETING, HELD IN WASHINGTON, D. C., MAY 3, 4 AND 5, 1898.

THURSDAY, MAY 5—THIRD DAY.

(Continued.)

Dr. W. H. Thomson, New York, then read a paper entitled "A Case of Chronic Infective Endocarditis, with Streptococci, Found in the Blood Before Death; Treated with Antistreptococcus Serum; and Experiments on the Effects of Injections of Serum of Antitoxines upon the Kidneys." Patient, aged thirty-six, male, was affected for seven months with definitely periodical daily attacks of an intermittent fever, ushered in by chilliness or by pronounced rigors. At other times he would have attacks of severe periodical neuralgias in the forehead and in the left hypochondrium without rise of temperature. No recent cardiac lesion could be demonstrated on account of a loud murmur, due to congenital malformation of the right heart obscuring other heart sounds. He never showed ecchymoses or other local lesion which would point to infective endocarditis, but an examination of the blood drawn from the median vein showed the presence in it of numerous streptococci pyogenes. He was then treated with injections of antistreptococcus serum with no benefit, his rigors increasing in severity, and death finally supervening, with symptoms of acute nephritis and suppression.

Though his urine had shown previously both blood and albumen after several attacks of rigor, yet the renal symptoms increased so rapidly after the injections of the streptococcus antitoxine that to test the effects of serum injections on the kidneys, as well as the seemingly beneficial effects of injections of normal saline solutions in the renal suppression of this patient, experiments are here detailed performed on eleven dogs. The dogs were tracheotomized, the right carotid dissected out and attached to a Ludwig manometer and kymograph, and the right kidney dissected out to pedicle and placed in an oneometer which was attached to a Huerthle kymograph. The respective tracings are: 1. Normal dog without any injections, for comparison; 2. Dog which had for several days previously received injections of normal (horse) serum; 3. Dog injected on the table with normal serum; 4. Dog which had received injections for several days of normal serum along with normal saline solution; 5. Dog with normal serum and normal saline solution injected on the table; 6. Dog which had for several days received injections of antistreptococcus serum; 7. Dog which was injected with the same on the table; 8. Dog which had been infected with streptococci; 9. Similarly infected dog and then injected with antistreptococcus serum; 10. Similarly infected dog which had received injections of both antistreptococcus serum and normal saline solution; 11. Infected dog injected with normal saline alone.

These experiments on dogs were followed by ten check experiments on rabbits on the same lines, and tabulated results are given of the same conditions found in the urine and in the kidneys.

Dr. James Tyson, Philadelphia, related an obscure case of a man who had chills of great irregularity and fever, but the plasmodium was not found. He was about to use the streptococcus serum when the man recovered.

Dr. Meltzer spoke of the effects of ether on the kidneys. He has never seen any after-effects on the kidneys. The serum injected in the blood would raise the blood pressure.

Dr. W. H. Draper of New York asked if it were not possible to suppose hematuria in the last patient mentioned was not due to the injection of streptococcus serum, but to the embolic action of the kidneys; there may have been an accidental infarction.

Dr. A. Jacobi, New York, said he never saw a case of ulcerative endocarditis that got well. Some cases could not be made out on account of the position of the ulcers. One case of his recovered from septicemia and many cocci were found; he had been told that his experiments were worthless on account of bad sterilizing; he had simply washed the skin with alcohol and withdrawn the blood, and in

every case he found streptococci. He had made a large number of blood cultures from healthy persons in the same way and never found anything, so he does not think his method was faulty.

Dr. J. E. Graham, Toronto, mentioned two cases of septicemia treated with antistreptococcus serum.

Dr. Thayer was much interested in the similarity of the temperature in cases of septicemia and quotidian fever. There is a great difference in the temperature of the two. In malaria the anticipation of the temperature is usually regular while in septicemia it is usually irregular; thus if the temperature in malarial fever is the highest one day at 9 o'clock, the next time it may be a little earlier or a little later, but not very much; while in septicemia there may be a great irregularity. A question of anemia in malaria and septicemia is an important one. There is always grave anemia after quotidian fever; in all cases of septicemia there is a polymorphonuclear leucocytosis. He had a case of cryptogenetic septicemia simulating malaria; the blood was examined; nothing was found; quinine was given without effect. The use of quinine will always show the difference, except in acute pernicious fever. The discovery of the plasmodium shows the certainty of the specificity of the quinine.

Dr. Shattuck said that in regard to the possibility of the recovery from ulcerative endocarditis, it was rather venturesome to say that all cases did not get well. Twenty years ago it was said that every case of tubercular peritonitis died; such hasty generalization is not to be advised; he had seen, or he thought he had seen, a case recover from this disease, but, having recovered, there was no proof in regard to the diagnosis, because there had been no autopsy. There are two points in connection with this disease—one is that the process is more apt to attack a damaged heart than one sound, and the other is that quite often the diagonsis in infective endocarditis has to be made from symptoms outside of the heart.

Dr. Thomson, in reply to Dr. Jacobi, said that his cases were not complicated by skin cocci; the blood was drawn from the median vein and most careful antiseptic precautions were taken. In reply to Dr. Meltzer there might have been septic infection from some other focus, but the case was examined for this, but it could not be found; but he had had cases similar to Dr. Meltzer's. In reply to Dr. Draper, he said that the antistreptococcus injection may have had something to do with the hemorrhage and it might cause some renal derangement whether in each case the use of the injection is contraindicated or not. He thought that Dr. Thayer's points were of great interest in this particular case; it is remarkable how the plasmodium remained in the blood. He agrees thoroughly with what Dr. Thayer said.

Dr. A. Jacobi, New York, read a paper entitled "A Case of Septic Perforation of Internal Carotid Artery—Autopsy Five Months After Death." He also exhibited some very beautiful specimens.

Dr. J. E. Graham of Toronto also read a paper on a similar subject.

Dr. William H. Welch, Baltimore, then read a paper which was prepared by Drs. E. L. Trudeau and E. R. Baldwin, Saranac Lake, entitled "Studies of Antitoxines for Tuberculosis." The paper describes the attempts of the writers to produce an antitoxic and curative serum for tuberculosis and to test on animals the efficacy of serums already produced by others. The paper is divided into two parts. The first describes the authors' methods and attempts at producing an antitoxic serum in various animals—sheep, fowls, asses and rabbits, as well as the tests used to study experimentally any germicidal or curative properties supposed to have been developed in such serums. The second part is devoted to tests on animals of the antitoxic power of the serums obtained by the authors and of some other serums already in the market or furnished to them for experiments. He only stated results of his work in four years which was negative. There is a great difference between tuberculosis and other diseases in which antitoxine has been used. This disease, tuberculosis, is characterized by toxines and local effects of the tubercular bacillus. Often if we may have a serum to neutralize the effect of the toxine on the bacillus we have no

assurance that the bacillus will not have the local effect. He gave the methods of work and the results of experiments on animals which were given tuberculosis; the results in the four years' work in experimenting on four sheep, fifty-two fowls, eighteen rabbits and 450 guinea pigs are to be found in the following summary:

1. Sheep were injected intravenously with thymus culture; the result is so satisfactory that the serum tests were not conclusive of its value.

2. Chicken injected intraperitoneally with mammalian tuberculosis; the serum revealed no germicidal or inhibitory action on the bacillus nor a favorable influence in the course of the disease in guinea pigs.

3. Sheep injected with tuberculin; the serum was wanting in germicidal antitoxic or curative effect so far as tested.

4. Sheep inoculated intravenously with non-virulent cultures; cachexia followed and the serum was therefore not used.

5. Ass inoculated as in last case; died from pulmonary embolus; serum not bactericidal or tubercle bacilli.

6. Ass inoculated with virulent bacilli and treated with tuberculin; ass recovered; serum showed no germicidal or curative action, but probably some antitoxic effect.

7. Ass inoculated with non-virulent bacilli; is treated with various extracts of the tubercle bacilli, such as dead bacilli; serum showed no activity.

8. Rabbits inoculated with non-virulent and virulent tubercle bacilli and recovered; serum possibly gave some protection in tuberculin poisoning, and probably prolonged life of the treated guinea pigs.

These results show that with one or two exceptions where the serum has had a slight degree of antitoxic power, tests were negative; in none of them could any germicidal or curative influence be demonstrated.

The authors also have a full appreciation of the uncertainty of correct conclusions from the tests of the serum other than their own products. They also feel that in the light of recent contribution our knowledge of the mechanism to immunity and antitoxic production in the body the outlook for an efficient antitoxine is by no means a hopeless one.

Dr. H. C. Ernst, Boston, read a paper on "The Effects of Freezing on Diphtheria Antitoxines."

Several other papers were read by title.

The following officers were elected for the ensuing year: President, G. Baumgarten; vice-president, E. G. Janeway; recorder, I. Minis Hays; secretary, Henry Hun; treasurer, W. W. Johnston; councillor, J. C. Wilson; representative on Executive Committee of Congress of American Physicians and Surgeons, William Osler; alternate representative, C. F. Folsom.

The following were elected to membership: Honorary member—Wm. M. Polk of New York. Active members—J. W. Brannon, C. A. Herter, B. Sachs, of New York; F. A. Packard, J. K. Mitchell, S. Solis-Cohen, A. Stengel, of Philadelphia; H. F. Vickery, C. F. Withington, F. B. Mallory, F. Pfaff, of Boston; N. S. Davis, Jr., J. N. Herrick, of Chicago; F. F. Wesbrook of Minneapolis, A. D. Blachader of Montreal.

MARYLAND PUBLIC HEALTH ASSOCIATION.

HELD AT BALTIMORE, MAY 11 AND 12, 1898.

WEDNESDAY—FIRST DAY.

Dr. William H. Welch, president, in the chair, and Dr. John S. Fulton, secretary.

Dr. Welch spoke of the age of the association, which was only started last year, and thought that we might feel gratified at the results; that we have quite a large membership, and the only thing that is needed now is a large and influential membership to render this organization a power to demand and obtain anything that is for the sanitary good of the State. We have already accomplished some practical results; we made some demands at our last meeting, and the legislature has given us a vital statistics law, which is not all we would desire, but it is better than no law at all. We also asked for laboratories throughout the State, and now we have a law which enables the State Board of Health to start a bacteriological laboratory; this will enable us to investigate

outbreaks of disease throughout the State. The diagnosis of tuberculosis, typhoid fever, etc., will be made for physicians throughout the State. This great work will stand in relation to public education and preventive medicine and it will stand on a sound scientific basis, with good laws and well-trained and good officers to administer these laws. Public opinion and effective legislation are necessary to secure the benefits of these laws, and we need, in addition, the training of experts in public health as they exist in England. The training of medical men does not necessarily carry with it the knowledge of sanitary science. This subject is being agitated and steps are being made to take those who would be trained in this department. The University of Pennsylvania has started a department looking to a degree for those who are expert in sanitary science. Organizations will accomplish these results, and a national organization is important. We lack this; we have none here. We should have a department of public health, but there are reasons, partly political, why physicians have not been able to accomplish this. Where these various factors work together they have been effective of practical results which have been made so manifest that "he who runs may read." It is interesting to note how sanitation is effective not only in solving many of our important social problems, but in bringing about better health and greater contentment. He spoke of the organization of a village inspection society, which was started by Mr. Northrup in New England. Such a thing might be done in this part of the country. In all this work, however, women are and must be a very important factor; they can be the important instrument in securing these results.

Dr. Joseph E. Gichner and *Dr. Melvin S. Rosenthal* of Baltimore then read papers entitled "The Sweat Shop In Its Relation to Public Health."

Dr. Gichner said that we should look at the matter from all sides. The definition of sweat shop varies; some so-called sweat shops are really not sweat shops, and *vice versa*. Charles Kingsley, in Alton Locke, has given us a very clear picture of sweat shops in those days. A sweat shop is a place where a number of persons work under pressure and for a minimum wage and whose comfort is not considered. It is generally contract work and it is usually done in shops at home, and the dangers are from working at home. The condition of affairs in New York is very bad, but in Baltimore it is not so bad, on account of the small houses and the cheap rents. The Baroness Hirsch gave $1,000,000 to build cheap homes outside of New York and rent them at moderate prices and attract factories. In the city some of the worst sweat-shop houses bring better rents than many larger houses on account of the enormous number of persons which may be crowded into a small space. He then gave the limits of the sweat-shop system in Baltimore. This is the congested district, but, strange to say, there is not much diphtheria and scarlet fever and the child mortality is not very high; there is very little insanity and the general moral tone is not so low as one would expect. Consumption, however, is on the increase in these sweat shops, but the disease is not carried away from these shops by the clothes on account of the pressure during ironing by a hot, heavy iron in a hot room. The iron prevents in part the spread of the disease to these people. He spoke also of Russian Jews having a great love for their children. The charities providing free milk and ice have had good effects in decreasing the amount of tuberculosis. Many cases occur after the people come to this country, for, unaccustomed to working in a small room on a sewing machine, and the hard work in the small rooms, stooping position and dust inhalation, all tend to cause the disease. While they are a menace to the community in a certain way, still the bad effects react principally on themselves. It is extremely hard to do anything for these people through the health department, because they are dependent on their work and resist every attempt at inspection.

Dr. Rosenthal then spoke on the same subject, and said that those who work in factories were usually fairly well provided for, while those who work in their own shops and worked for wages were usually

the worst off. They usually work from twelve to fifteen hours a day, and in winter the rooms are almost air-tight. Men are smoking cigarettes and probably spitting all over the floor. We ought to enforce the law and report the cases of tuberculosis, but this is almost impossible to do. In some places placards are posted outside of the door stating that contagious diseases are there. The public should be protected from the dangers of these diseases.

The next subject taken up was the "Need of a Hospital for Infectious Diseases;" this was presented by the Health Protective Branch of the United Women of Maryland. A letter first was read from Dr. Henry M. Hurd of the Johns Hopkins Hospital, speaking of the urgent necessity for such a hospital.

Dr. John S. Fulton, secretary of the State Board of Health, said that public feeling and private interest alike demanded defences against whatever threatened the welfare of society. We provide against fire, crime, want, ordinary sickness, and yet we leave the hospital for such diseases as diphtheria, scarlet fever, etc., unbuilt. The Health Commissioner has some difficulty in knowing what to do with cases of this kind. Cases are usually reported by physicians, but any attempt to quarantine the family is fruitless, and the disease may be, or is actually, transmitted in numberless ways, for if the city quarantines any family it must necessarily pay this family for any pecuniary loss. The trouble is we are too familiar with these diseases to be frightened by them. The cost of an infectious disease hospital would be necessarily great at first, but not as much as dealing now with individual cases. Such a hospital must be accessible, and almost everyone objects to a hospital near them. Everything should be free in the hospital, and the city should bear all cost. Persons who would wish special accommodations and private rooms would necessarily have to pay for them.

Dr. William Royal Stokes, city bacteriologist, then spoke of an ideal infectious hospital. He said in such a hospital cases are brought into an observation ward and kept there until it is seen which disease will develop. The case is then sent to the proper hospital after the diagnosis is made; the observation-room is then disinfected and cleaned before any other patient is admitted. Each department for such diseases as measles, scarlet fever, etc., is kept entirely separate, the nurses being separate and every department being cut off from the others. After the patient is convalescing he is taken to another room with cases of the same kind and is kept there until the period of infectiousness is over, that is, until the germ has disappeared. Smallpox is not treated at such hospital, but in a separate institution entirely.

Dr. C. Hampson Jones, Health Commissioner, then related some of the difficulties the Health Commissioner had in carrying out his work. He said he had been endeavoring to do his duty to the best of his ability, and while the Health Department was necessarily under political control, the work would be no less efficient nor prompt.

Dr. William J. Todd, health officer of Mt. Washington, said that infection was often carried by innocent persons and carried to innocent persons, and spoke of a very clear case by which some papers had been the means of carrying scarlet fever to a family where the cause was not suspected for a long time.

Dr. William H. Welch, the president, said that the absence of an alarming tone in the papers of Drs. Gichner and Rosenthal was very gratifying; the fact that the clothing is sterilized by the hot iron and the hot room before distribution is exceedingly interesting and it had never occurred to him before. Nevertheless, danger from tuberculosis to those working in sweat shops is a real one and it is an important matter. It is gratifying to notice that there is a diminution in the death rates from tuberculosis; the death rate among the Hebrews is smaller than among others, and the contagion in the rooms might be accounted for by a theory of Flügge of Breslau. He says that the dangers from the dried sputum in spreading tuberculosis are not so great as the dangers from coughing; in the action of coughing and sneezing and hawking one sprays from the throat a fine moisture,

which, emitted from the mouth, floats in the atmosphere for many hours. Indeed, this, Flügge thinks, is more dangerous than dried sputum. Probably this may explain the great danger of contagion in small rooms like the sweat shops. In New York the Board of Health has power to close a room where a case of tuberculosis has died, that is to say, in tenement houses or small lodging-houses, and these premises are disinfected, cleaned and kept vacant for a time at the expense of the owner and by the Health Board. The need of a hospital for infectious diseases in Baltimore does not call for much discussion. He had brought this up in an address two years ago and it had passed the City Council and had become a law, and $30,000 had been appropriated, but no suitable location in the city could be found, as everyone objected to the proximity of such a building. It must be accessible to be of use. He thought it was a bad plan to call it an infectious hospital or pesthouse or such names, but municipal hospital would be a good name. There is no danger from contagion in such a hospital, except, perhaps, from smallpox to the unvaccinated, and smallpox should never be treated in these hospitals. He thought that we should consider these subjects from a sanitary point of view only and not from an economical or business point of view.

Dr. William B. Canfield thought that the subject of sweat shops should be considered from all sides to be practical. He had not noticed that in any papers read any reference had been made to the origin of the sweat shop; there must have been some reason for calling it into being, and he thought it was partly because of late there had been a greater demand for cheaper clothing both for men and women, but especially for men, and this demand could only be satisfied by working the poor people in the shops. He thought that every man or woman who bought cheap clothing helped the sweat shops.

Dr. Savage, who is the physician to the Hebrew Benevolent Society of Baltimore, said that the sweat shop was an American institution; they had no such thing abroad, and it was of recent origin. He had seen a large number of cases of tuberculosis resulting from the sweat-shop infection.

Dr. Brown of New York said that he thought that many of these children of the sweat-shop workers escaped disease by prophylaxis; they are predisposed to the disease, and may contract it from a general lowered vitality and a tuberculosis infection. But the fresh-air societies in the city and the free milk and ice have all contributed to keep these children alive beyond the danger point. In New York the case is either removed from the house or else the house is placarded.

Dr. Edward M. Schaeffer said that all of these questions came back to the point of public enlightenment. Massachusetts claims that she has no sweat shops within her borders.

Mrs. Fendler said that such a model hospital as Dr. Stokes described existed in New York; it was the Willard Parker Hospital on 16th street; this is used as a reception hospital, only the cases which develop being taken to the North Brothers Island. She said that the anti-expectoration law which had been passed in New York and Baltimore and other places had been very effective in Baltimore so far, but the street railways had prepared and were about to post cards calling attention to this law and forbidding spitting on the floor under penalty, and the United Women of Maryland were about to send out a number of watchers of detectives to have punished such persons breaking this law.

Dr. Howard Bratton, health officer of Elkton, related a case of infection the cause of which had been very difficult to trace.

Dr. Gichner read several of the laws of Maryland in regard to sweat shops, which showed that the laws were excellent if they were only enforced.

Dr. Augustus Stabler, health officer of Brighton, said that there must be concerted action to obtain any results on such. If the laws were good they ought to be enforced.

Dr. Flora Pollock spoke of a case of scarlet fever in which the inspector called and it was a farce.

(To be continued.)

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

EXECUTIVE SESSION.

REPORT OF EXECUTIVE COMMITTEE.

THE committee at its first meeting, in accordance with a rule adopted by the Faculty, appropriated for the Library Board, for the year 1897-98, the sum of $1000.

Arrangements were made to hold the semi-annual meeting at Ocean City in September. The gathering, which was a most successful one in every way, was attended by a large number of members from the Eastern Shore and from the neighboring counties of Delaware.

In connection with the Centennial Committee and the Board of Trustees, the question of the centennial of the founding of the Faculty has been discussed at several meetings.

Preliminary steps were taken for the preparation of a volume, to be called the "Medical Annals of Maryland," to be issued with the proceedings of the centennial meetings. A committee was appointed, consisting of Drs. Osler, Harry Friedenwald and Ashby, to take charge of the matter. A circular was issued inviting subscriptions at $2 for the volume. About 200 have already been received, and it is to be hoped that at this meeting others will subscribe. The Executive and Centennial committees have placed the preparation of the historical part of the volume in the hands of Dr. Cordell, who will use Quinan's Annals as the basis of the work. Dr. Quinan's copy of the work, which is now in the possession of the library, contains a large amount of additional material which will be of great service to Dr. Cordell and to the committee.

Shortly after the last annual meeting the Executive Committee issued a circular to the members asking for subscriptions to pay off the indebtedness of the Faculty. The very generous response will be referred to by the treasurer, but the committee feel that much more could be done by the members at large. With the money already subscribed, if 250 members will give $5 apiece for 1898 and the same sum for 1899, the indebtedness could be cleared off as a most appropriate memorial of the founding of the Faculty.

Among minor details arranged by the committee were the reinsuring of the library and obtaining from the Surgeon-General permission to have books sent from the Army Medical Library for the use of members of the Faculty.

WILLIAM OSLER, Chairman.

After the reading of this report several hundred dollars were promised.

REPORT OF COMMITTEE ON LEGISLATION.

The Committee on Legislation accomplished nothing during the session of the legislature just closed. The resolution of Dr. John D. Blake, directing the committee to take early steps to secure some legislation regulating the practice of midwifery in Maryland, was not acted upon by the committee, because it was learned that the State Board of Health had similar legislation in contemplation.

A meeting of the committee was called at the Ocean City meeting to decide upon a course of action with reference to the amendments proposed to the lunacy laws. On account of the inability of the chairman of the committee to be present on that occasion only an informal discussion was had. Subsequently a meeting of the committee was held in conjunction with the committee of the Baltimore Neurological Society, and the bill submitted to the Faculty for its approval at the last annual meeting was unanimously recommended by the members of the committee present. The bill was redrawn and introduced into the House of Delegates by Hon. John S. Wirt of Cecil county. After a favorable report from the Committee on Judiciary the bill was recommitted to the committee at the request of some members of the Faculty, who opposed the proposed legislation. After several hearings the bill was again favorably reported and passed the House, but too late, I am informed, to pass it in the Senate.

(To be continued.)

MARYLAND
Medical * Journal.
PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.
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MARYLAND MEDICAL JOURNAL.
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JUNE 18, 1898.

The Dispensary Question.

THE attempt at economy on the part of the present municipal administration has caused many of the dispensaries and also the poor people to suffer in consequence. Formerly the city appropriated a certain sum of money to each hospital for the free maintenance and treatment of a certain number of city patients and also for the supplying of drugs in the dispensary to the city poor. It has been stated that the hospitals abused these moneys, and while their wards were not always full, they took care that the city beds always had pay patients in them, and that the city paid the full amount for all the beds contracted for.

The city, through the Bayview Board, made a full investigation of the system of caring for the sick poor, and as a result this year a change has taken place. This may in part be due to the new charter. At any rate, the dispensaries, which formerly treated all free, turning away only those who seemed not fitted for free treatment and who seemed to be able to pay, now being cut off from an income from the city, have established a uniform rate of ten cents for each treatment or dressing. This has had the effect of bringing a revenue to the dispensary, and it also allows all to be treated at this price, for the poor person, paying for what he receives, feels that he is no longer a charity case, and the sick man, who formerly abused the public dispensaries, now boldly pays his ten cents and thus cheats some young doctor out of a small fee.

The whole matter shows the need of some uniform plan for caring for the city's poor. There should be no fee collected at dispensaries except, perhaps, a few cents for a bottle in the case of those needing them; but if the dispensaries intend to compete with private physicians, then the young man has no other course but to open his private office as a dispensary a part of each day. There should be an official head to control all dispensaries, whether connected with a medical college or not, and the present system of unfair competition and pauperizing the public should not be allowed to go on.

* * *

Vaccination.

THE prevalence of smallpox in States neighboring to Maryland makes it imperative for physicians to look over the families under their charge and see that all are properly protected by vaccination. A mere inspection of the arm or the scar is not all that is necessary, for the operation is, as a rule, a trivial one and should be repeated in all cases of doubt.

The city and county vaccine physicians should be stirred up to go through their respective districts and revaccinate all who need vaccination. When protection against such a dread disease can be obtained with such little cost and inconvenience it is the duty of all to be protected, and it is often the physician's fault when vaccination is not insisted on.

* * *

Filtered Water.

HEALTH COMMISSIONER JONES of Baltimore urges on the city of Baltimore the necessity for having the drinking water filtered to ward off diseases which are imminent. Typhoid and other fevers, caused in great part by infected drinking water containing some of the colon group, can be effectually kept off by boiling or filtering the water. The former can be done by individuals and the latter should be undertaken by the municipality.

The need of filtration is more marked in Baltimore of late, since the extending electric lines have caused the suburbs to be more thickly settled, so that the growth of population is far in advance of sanitary surroundings, and consequently the ground and streams are contaminated.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 11, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	12
Phthisis Pulmonalis	..	15
Measles	37	1
Whooping Cough	10	1
Pseudo-Membranous Croup and Diphtheria.	18	6
Mumps	..	..
Scarlet Fever	11	1
Varioloid	..	..
Varicella	1	.
Typhoid Fever	1	3

Fifty-four physicians passed successfully the last Maryland State Board Examination.

It is now proposed to use the radiograph as a means of certifying the existence of death.

There has been a number of cases of epidemic cerebro-spinal meningitis in Baltimore.

A sanitarium for nervous diseases is about to be erected near Berlin. It is intended for the poor.

The State Board of Health is now investigating the condition of the drinking water in various small places.

Physicians should attend to vaccinations this summer, as smallpox has appeared in neighboring States.

The Atlanta Medical College and the Southern Medical College, both situated at Atlanta, have been consolidated.

The Health Commisioner of Baltimore will now make a demand on the City Council to have the drinking water filtered.

Twenty-two candidates received the degree of M.D. at the Johns Hopkins Medical School at is commencement. Four of these are women.

The cutting off of appropriations to some of the city dispensaries has caused many of them to charge a nominal sum for medicines and dressings.

The June number of the *Popular Science Monthly* contains an especially interesting and well-written article on "The Physiology of Strength and Endurance," by Dr. William Lee Howard of Baltimore.

At the recent meeting of the American Medical Association, just adjourned at Denver, the following were elected for the ensuing year: President, Joseph Matthews, Louisville; first vice-president, W. W. Keen, Philadelphia; second vice-president, J. M. Graham, Denver; third vice-president, H. A. West, Galveston; fourth vice-president, J. E. Minney, Topeka; secretary, William B. Atkinson, Philadelphia; treasurer, Henry P. Newman, Chicago; librarian, G. B. Webster, Illinois; board of trustees, Alonzo Garcelon, Maine; I. N. Love, St. Louis; H. L. E. Johnson, Washington, D. C.; T. J. Hopple, Tennessee; judicial counsel, S. S. Bailey, Iowa; D. R. Brower, Illinois; N. S. Davis, Illinois; H. D. Didama, New York; N. M. Mason, Washington; T. T. Rogers, Rhode Island; M. B. Burd, Missouri; W. S. Jones, New Jersey. The next place of meeting will be Columbus.

The College of Physicians of Philadelphia announces through its committee that the sum of $500 will be awarded to the author of the best essay in competition for the First Nathan Lewis Hatfield Prize for Original Research in Medicine. Subject, "A Pathological and Clinical Study of the Thymus Gland and its Relations." Essays must be submitted on or before January 1, 1900. Each essay must be typewritten, designated by a motto or device and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope will be opened except that which accompanies the successful essay. The committee will return the unsuccessful essays if reclaimed by their respective writers or their agents within one year. The committee reserve the right not to make an award if no essay submitted is considered worthy of the prize. The treatment of the subject must, in accordance with the conditions of the Trust, embody original observations or researches or original deductions. The competition shall be open to members of the medical profession and men of science in the United States. The original of the successful essay shall become the property of the College of Physicians. The trustees shall have full control of the publication of the memorial essay. It shall be published in the Transactions of the college and also when expedient as a separate issue.

Washington Notes.

There are forty-six cases of diphtheria and forty cases of scarlet fever in quarantine. Gastro-intestinal troubles are making their appearance with the hot weather.

Dr. John W. Bayne of this city, a native of Maryland and graduate of the University of Maryland, has been appointed by the President a brigade surgeon in the army.

The District Volunteer Relief Association has been organized, with Dr. Conden, chairman, and Mrs. North, secretary. Contributions are coming in from all sides.

The Chattanooga Park Hotel will hereafter be known as the Leiter United States General Hospital. Captain E. C. Carter, assistant surgeon, will have charge of establishing the hospital.

"Apomorphia, Its Place in Therapeutics," was the subject for discussion at the Therapeutical Society Saturday evening. Dr. McLain was the essayist. The society adjourned to meet the second Saturday in September.

The crusade against violations of the milk regulations is being pushed in police court. From the Health Department men are sent to bring milk from various dairies; the milk is then tested, and if found to be adulterated or skimmed a liberal fine is imposed.

"Hypnotism from a Medical Standpoint" was the topic under consideration at the June meeting of the Washington Medical and Surgical Society. Dr. Miner presented several cases and gave practical demonstrations of the therapeutical value of hypnotism.

The fourteenth annual commencement of the Medical and Dental Departments of the National University was held at the National Theater Wednesday evening. The theater was elaborately decorated with flowers and flags. The address of the evening was delivered by Professor John T. Winter. Seneca B. Bain was valedictorian.

The National College of Pharmacy has passed a resolution urging pharmacists to use their influence against the abuse of opium, chloral and cocaine, and especially to refuse victims of these drugs. Druggists are also admonished not to refill prescriptions containing these dangerous drugs if the prescriber has ordered the prescription not to be renewed.

Book Reviews.

Day-Dreams of a Doctor. By C. Barlow, M.D. Buffalo, N. Y.: Peter Paul Book Co., 1898. Pp. 251.

The author of this book has an interesting story to tell and narrates it in a homely but shrewd, effective way.

His idea is to present the every-day life of a busy, conscientious, progressive doctor, and to take the layman with him on his rounds, so as to give the latter some true conception of the field. The title is rather misleading. Much excellent hygienic advice is interwoven, which fits the book for circulation especially in rural districts. Every country doctor might be benefited by recommending its perusal or aiding in its distribution. The ideas on "Woman" are, to the reviewer, the best feature of the work, and indicate progressiveness and decided originality of mind. There is also a touch of romance which will appeal to the rural sanitarians who preside over the modern domestic temples of Hygeia.

Atlas of Methods of Clinical Investigation, with an Epitome of Clinical Diagnosis and of Special Pathology and Treatment of Internal Diseases. By Dr. C. Jacob. Authorized translation from the German. Edited by A. A. Eshner, Professor of Clinical Medicine in the Philadelphia Polyclinic. With 182 colored illustrations upon 68 plates and 64 illustrations in the text. Philadelphia: W. B. Saunders. Pp. 259. Price $3.

The work of Jacob which Eshner has placed before the English-speaking profession is unique in its character and unlike any other work with which we are acquainted. The first section is essentially an atlas, illustrating the appearance of the blood both under physiological and pathological conditions, the more important bacteria, constituents of the sputum, and of the urine, color reactions, etc. Explanatory notes accompany each illustration. The second section is devoted to normal projection of the viscera and percutory topography, schemata of diseases of the lungs and heart and diagrammatic representation of abdominal diseases. Each plate of this section is accompanied by an account of the clinical history of a concrete case, the symptoms elicited by physical examination, the diagnosis reached and the treatment employed. The remaining portion of the book, as indicated in its title, is an epitome of clinical diagnosis and of special pathology and treatment of internal diseases.

The atlas portion of the work is really excellent and will prove of the greatest value to both student and practitioner. The second portion is less commendable and had better be omitted in the next American edition. It is what it professes to be—an epitome, and the reviewer cannot help seeing in it all the defects which are so characteristic of works of that character. This holds good especially for the portion devoted to treatment. The therapeutic notes at the end are altogether out of place.

These points, however, do not detract from the value of the work as a whole, and we repeat once more that we regard the main feature of the book, i. e., the atlas, as most excellent, and feel confident that the work will meet with the general approval of the profession, which it unquestionably merits.

REPRINTS, ETC., RECEIVED.

Price-List of Parke, Davis & Co., 1898.

Kryofine. C. Bischoff & Co., New York.

Diagnosis of Abdominal Disorders. By Joseph Eastman, M.D., LL.D.

Reports of the Friends' Asylum for the Insane, 1898. Frankford, Philadelphia.

The Episcopal Eye, Ear and Throat Hospital, Washington, D. C. First Annual Report, 1897.

The Possibilities of Antitoxine in Diphtheria. By George Suttie, M.D., Ph.D. Reprint from the *Louisville Medical Monthly.*

The Other Kidney in Contemplated Nephrectomy. By George M. Edebohls, A.M., M.D. Reprint from the *Annals of Surgery.*

Non-Surgical Treatment of Boils, Carbuncles and Felons. By L. Duncan Bulkley, M.D. Reprint from the *British Medical Journal.*

An Exhibition of Radiographs, with Remarks. By A. V. L. Brokaw, M.D. Reprint from *The Transactions of the Southern Surgical and Gynecological Association.*

Some Remarks and Reports Upon Specimens in Abdominal Surgery. By H. O. Walker, M.D. Reprint from *The Physician and Surgeon.*

The Antitoxine Treatment of Tuberculosis, or the Direct (Tuberculin Preparations) Versus the Indirect (Animal Serum) Method of Immunization Against Tuberculosis. By Charles Denison, M.D., of Denver. Reprint from *The Journal.*

Current Editorial Comment.

MORBID NOVEL-READING.

New York Times.

So far as can be ascertained influenza is the only disease that promotes the sale of novels. Consumption probably stimulates the sale of semi-religious stories, and it is possible that prolonged indigestion, accompanied by nausea, tempts people of the homeopathic faith to read Sarah Grand's physiological novels, but as an aid to the spread of general novel-reading there is nothing to be compared to influenza.

CANNOT GET AWAY.

Medical Sentinel.

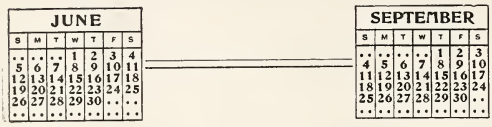
If one waits until his patients can spare him, until he could get away without fear of losing a case or a family, or, perhaps, until he feels he can afford such a trip, he will likely never get away to a medical meeting. Some doctors, if they are busy, feel that they cannot leave their patients, and if doing little, that they cannot afford to leave. Neither of these alleged reasons is a valid excuse for missing a medical meeting, and especially such a meeting as the one before us, which combines not only medical gain, but much social pleasure. In only the exceptional case does an absence at a medical meeting prove a losing financial investment, and it always pays as a medical venture.

INSANITY.

Massachusetts Medical Journal.

As well try to describe the hues of the chameleon as to describe the phenomena of insanity. They are as various as the different cases and changing every hour. It is impossible to draw the line between soundness and unsoundness of mind. Eccentricity so strongly marks the conduct of some individuals that actions natural to them would be marks of insanity in others. The best and easiest test to decide the question in any individual case is to inquire whether there has been any strongly marked change of character or departure from the ordinary habits of thinking, feeling and acting without any adequate, external cause. In short, a man should be compared with himself, and not with others, to decide whether he is insane or not. If there has been no departure from his ordinary conduct and character he may very safely be declared sane; if there has been a marked change in these respects such a judgment would hardly be safe.

Medical Meetings.



The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

August.

AMERICAN CLIMATOLOGICAL ASSOCIATION. Bethlehem, N. H., August 31, September 1. GUY HINSDALE, Philadelphia, Pa., Secretary.

September.

ARMY AND NAVY MEDICAL ASSOCIATION. Springfield, Ill., September 27. E. P. BARTLETT, Secretary, Springfield, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Buffalo, N. Y., September 13-15. JOHN GERIN, Secretary, Auburn, N. Y.

MISSOURI VALLEY MEDICAL SOCIETY. Council Bluffs, Iowa, September 15. DONALD MACRAE, JR., Secretary, Council Bluffs, Iowa.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Pittsburg, Pa., September 20-22. W. W. POTTER, Secretary, Buffalo, N. Y.

State Societies.

June.

MAINE MEDICAL ASSOCIATION. Annual meeting at Portland, June 1, 2 and 3, 1898. W. K. OAKES, M. D., President, Auburn, Me. CHAS. D. SMITH, M. D., Secretary, 126 Free Street, Portland, Me.

RHODE ISLAND MEDICAL SOCIETY. Annual meeting at Providence, June 2, 1898. WILLIAM A. GORTON, M. D., President, Providence, R. I. FRANK L. DAY, M. D., Secretary, Providence, R.I.

THE MASSACHUSETTS MEDICAL SOCIETY. Annual meeting at Boston, June 7 and 8, 1898. H. P. WOLCOTT, M. D., President, Cambridge, Mass. F. W. GOSS, M. D., Secretary, Roxbury, Mass.

MEDICAL SOCIETY OF DELAWARE. Annual meeting at Wilmington, June 14, 1898. P. W. TOMLINSON, M. D., President. Wilmington, Del. FRANK BELVILLE, M. D., Secretary, Delaware City, Del.

MINNESOTA STATE MEDICAL SOCIETY. Annual meeting at Mankato, June 16, 17 and 18, 1898. W. D. FLINN, M. D., President, Redwood Falls, Minn.. I. DONNELLY, M. D., Secretary, St. Paul, Minn.

MEDICAL SOCIETY OF NEW JERSEY. Annual meeting at Asbury Park, June 21, 1898. D. C. ENGLISH, M. D., President, New Brunswick, N. J. WILLIAM J. CHANDLER, M. D., Secretary, South Orange, N. J.

August.

MEDICAL SOCIETY OF VIRGINIA. Annual meeting at Virginia Beach, August 30. LANDON B. EDWARDS, M.D., Richmond, Va., Secretary.

September.

IDAHO STATE MEDICAL SOCIETY. Moscow, Idaho, September 6. EDW. E. MAXEY, Secretary, Caldwell.

(*Continued on page* xvi.)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXIX.—No. 11. BALTIMORE, JUNE 25, 1898. Whole No. 900

Original Articles.

THE COUNTRY DOCTOR.

By Charles M. Ellis, M.D.,
Elkton, Md.

PRESIDENT'S ADDRESS DELIVERED AT THE ONE HUNDREDTH ANNUAL SESSION OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT BALTIMORE, APRIL 26 TO 29, 1898.

Gentlemen of the Medical and Chirurgical Faculty—I purpose in this annual address, which your generous favor enables me to pronounce, to take for my theme the "Country Doctor," and to submit to you such observations upon his habits of life and thought, and the influence of his environment upon his growth and development, as an intimate participation in his life for a third of a century has enabled me to make. I shall endeavor to point out to you in what respect many of his surroundings differ from those of the "town doctor," what are the most pronounced of his needs and the difficulties that stand in the way of his overcoming them, and, finally, with timidity and uncertain of my judgment, make some suggestions of means that seem to me best suited to help him.

The time limit appropriate to this occasion forbids here any detailed and systematic treatment of the subject, although worthy of it, a cursory view alone being permissible or possible. In this delicate enterprise there will be no attempt to throw around him the glamor of romance and of poetry, but to exhibit the man as I know him, with many robust virtues and some equally robust vices, struggling often against primary deficiences of equipment and always against an environment which hinders and discourages subsequent correction of didactic faults.

In the struggle for a satisfactory rural professional life there are many waifs; many who fall into a worse condition, a status of an impenetrably unreasoning empiricism, in which a deceptive experience is the unsafe anchorage of a fallacious judgment, the conclusions of which are defended with an animus that only a supreme egotism can evolve. Many, however, by reason of natural endowments and acquired fitness, elevate their lives to a professional plane on which it is possible for an intellectual life to develop, and on which it does develop, not only to individual sufficiency, but to a public usefulness and a public influence, that on the one hand meets and supplies public emergencies, and, on the other, largely directs and controls public thought and movement. Every community fortunate enough to possess such a man—and composing as they do a large proportion of the country and village doctors few communities are without such—possesses a man the conservator of all its material and ethical interests, a trustworthy adviser in difficulties, forceful and helpful in danger and distress. If not an ideal doctor, his deficiencies are known to himself and not to the community, which in greatest measure regards him as all-sufficient for its needs.

From the men of this class springs occasionally a man who is almost ideal in his personality and natural endowments, which, being supplemented by acquired knowledge and judicious training, develops into the well-rounded physician, the perfect family doctor. There is no unequal training of his faculties, no attempt at specialism, but his all-embracing mind and his natural dexterity enables him to touch, utilize and adorn every de-

partment of practical medicine. He is ready and resourceful in the presence of emergencies; his obstetrical successes have heretofore been the envy of his teachers, and no operative procedure deters him. But it is in internal medicine when such a man is most at home. Possibly poorly equipped for personal use of instruments of precision, and with little time to avail himself of their aid, he has trained his powers of observation to an acuity which gives great facility for judgment upon the clinical history and symptoms of disease, and his ready and just appreciation of the balance of vital forces is intuitive, making his prognosis unerring.

There are, of course, few such men, but the type serves to emphasize some of the notable differences between the successful country doctor and the more successful city doctor. The one has but his two hands and his two eyes for his work; the more favored town man has command of laboratory facilities and the eager hands and eyes of ambitious students and junior staffs to supplement his own, and a brother of any specialty around the corner, able and willing to help him in any emergency. But such men rarely tarry in the country, for they become restless under the limitations of their surroundings and seek the wider field of urban life for their activities. Sims, Agnew and Goodell are illustrious American examples of that host of brilliant men who have had their earliest training in country practice.

Heretofore the most general characteristic feature of the country doctor's life, and the one that has been most potential in his evolution, and is the equal source of his strength and of his weakness, is the fact that immediately upon his graduation, and with only such training as was afforded him in his didactic course of two or three terms, and the perfunctory attendance upon clinics in which he had no other participation than that of a very distant spectator, he is launched upon the general field of practice, with its liability to be called at any moment to administer to every form of disease, accidents or disability; to diagnose a glaucoma or an eye-strain; to relieve a vertiginous attack, or await the issue of an apoplexy; to relieve an infantile convulsion and muse upon its interpretation; to set a fracture; possibly to do a craniotomy; turn for a placenta previa; do artificial delivery for eclampsia before term; sew up a ruptured perinerum; amputate a crushed limb; tie an artery or a hemorrhoid; determine a compressed or a concussed brain; diagnose an early pregnancy and resist the importunities of the sensuous or their victims; curette a uterus; irrigate a bladder; determine a colic or an appendicitis; certify for insanity; make a sanitary inspection; make post-mortems for the coroner and give expert testimony upon every conceivable form of hypothetical case. Is it an adenoma or a carcinoma? Is the marasmus dietetic or syphilitic?

It is in the precipitate and constant exercise of his faculties in the contemplation of these problems and their various solutions, unaided, and with great paucity of literature, that his training proceeds, and his success or failure depends not only on his educational equipment, which is too often inadequate, but quite as much upon his mental and moral fiber. If he is honest with himself, conscientious and diligent, his development is rapid and mainly through the cultivation of habits of self-reliance which his surroundings do so much to engender and encourage. And it is this habit of self-reliance that goes so far to mould, to mar his character. A capable man grows in strength and adaptability. In a less capable man, if he is not confessedly and conspicuously beaten, there is frequently the growth of a provincial egotism and a self-sufficiency that is as discouraging to further growth as it is deforming to his personality.

And, indeed, it is this unamiable quality of exaggerated self-esteem that mars and perverts the character of many of the best of us. His professional training and solitary life are not alone responsible for this most conspicuous blemish of the country doctor's character. An important factor is also initial, and is marked by the indelibility of a first impression. There is no profession in which immediate success is so frequent as in the profession of medicine when the field is a

rural one and the candidate is adaptable. So rapid is his growth in popular favor that, between his professional duties and his social entanglements, there is little time for severe study, the apparent necessity for which is diminished by his undoubted success in acquiring business. It is further fostered by his social relations and his professional jealousies. The first surrounds him with a clique of flattering friends, who make the common mistake of endeavoring to elevate their favorite at the expense of his rival, and the other separates him from a companionship of the utmost importance to his development and to his happiness.

If it were possible to abolish the jealousies of the country doctor and the neighborhood cliques they engender, and to smooth down the excrescences of his character, the outgrowth of his abnormal egotism, what an admirable character he would develop! what a power for good to his people!

It is to be presumed that at the beginning of his professional life the young country doctor is in every respect similarly equipped with his classmate who elects to try his fortunes in the city, providing the proposing candidate for city favor does not determine on a post-graduate course or the prolonging of the days of his tutelage in hospital. These additional educational means are, of course, being availed of increasingly by the young men who are preparing for village and country life. It may, moreover, be conceded that by far the larger number of medical graduates who have previously taken a college degree locate in the larger urban field.

But with equal equipment at the start, what are the professional advantages of the city man that his country brother does not possess, the possession of which gives him his palpable superiority of reputation and his confessed superiority in educational growth? They are chiefly these:

Hospital wards and dispensaries.

Teaching bodies in all large cities.

Daily intercourse of men similarly occupied.

The medical societies of the city.

The medical libraries of the city.

Can these advantages in any qualified way be brought to the country doctor?

The cottage hospital, with its annexed dispensary, can be made available to every medical man except those located in the most sparsely settled districts.

A post-graduate course at the end of his fifth year of practice, and again in his tenth year, for three or four months, should be the settled intention of every young man who locates in the country, and no complexity of engagements should interfere to prevent it.

The cultivation of cordial and fraternal relations with his neighbors, and frequent consultations in his difficult and responsible cases, will be the sure means of bringing country medical men into much more constant intercourse. I know of no more certain index of a country doctor's worth than the number of his consultations, a test that, unfortunately, the laity, our clients, do not appreciate at its worth.

The county medical society admirably substitutes the city societies, which are always open to an industrious and ambitious man who choses to visit them. To his county medical society the country doctor should bring a devoted loyalty. His attendance at its meetings should be uniform and punctual. Instead of being perfunctory and secondary to any trivial engagement or call, it should be an active primary duty, an engagement for the fixed day that nothing but the most imperative call should interfere with.

A membership thus inspired makes the society invaluable to his growth, happiness and usefulness. I speak with clear conviction of the utility of the county society from a ten years' experience of the old Cecil Society and of its admirable influence upon the profession of my county and with grateful acknowledgment of its beneficial effect upon my own later training. To his State society he should bring an interested loyalty second only to that he bears to his local society. Membership of his guild should be a cherished privilege, to be early availed of and jealously guarded and defended.

The want of books and the absence of libraries is a serious drawback in the life of the country doctor, especially if he contemplates authorship.

The preparation of a paper to be read

before his local society is difficult largely on this account, and it has much to do with his diffidence in appearing on the programme of his State society, for here the audience being largely composed of city men, many of whom are professors or *attachés* of colleges or hospitals, is a critical one. But earnest and systematic co-operation of neighboring doctors, with the judicious expenditure of moderate sums, will do much to qualify and correct this very urgent need. A book club of five or ten men, contiguously located, with yearly contributions from each of $10 or $20, expended on books of reference, recent monographs and year books, together with a few of the principal American and British journals, will in a short time provide an amount of literature that would be very helpful and stimulating. These should find lodgment in the cottage hospital, if it exists, or in the local library. If neither exists—and in Maryland the one is as rare as the other —then a central drug store will be a convenient repository. The library of the State Faculty admirably supplements these primary stores for the doctors of Maryland and is freely open to its membership.

The diligent use of existing instrumentalities and their amplification, and the creation of new means and measures, the conditions for which are especially favorable in this State, will give an impulse to the country doctors of Maryland to make effort to minimize the disadvantages under which they labor in comparison with their more favored city brethren in their struggle for general and technical improvement.

First among the agencies for maintaining and improving the acquired resources of the village doctor is the cottage hospital. The importance of these institutions in the development of the suburban and rural English doctor cannot be estimated, nor do I believe it can be exaggerated. Near 400 of these centers of philanthropy and of medical education exist in the British islands. How many have been established in America there is at present no means of determining accurately. The number, however, is small, and of these few the majority are located in New England. There is not one in Maryland, nor, so far as I am informed, is there one in any of the Southern States.

About the village hospital clusters not only much of what is best in the philanthropy of the neighborhood, but it becomes also the center of its medical thought and the point at which the co-operative union of the medical men of the vicinage produces its most fruitful results. The discipline of a well-organized institution, and its methodical administration, requires constant inspection, a requisite essential to the successful operation of a hospital however small. This implies not only method and punctuality on the part of the attending physician, but it involves more or less publicity of their work. Such training and practice would be of great value to the country medical man in developing and cultivating in him those habits of orderly procedure and punctuality of performance in which he is so conspicuously wanting and to the deficiency of which is chargeable a great amount of loss of time and dissipation of energies. But much more is implied and required of the man who would creditably fill his post—exact methods of observation; the daily use of instruments of precision and of instrumental aids to diagnosis; of the microscope and the practice of chemical examinations. A certain amount of practical bacteriology would be embraced in his daily duties. Careful clinical examinations that the required notations essential to a complete history of cases shall be ample and sufficient will be cultivated. In the private practice of the country doctor these aids to his education and work are used intermittingly or, for the most part, not at all. I have no present knowledge of any country physician who keeps a case-book, and those who habitually and systematically use instrumental aids to diagnosis are extremely few. The cottage hospital, therefore, would be a factor of the highest importance in preserving and cultivating his skill in the use of instruments and processes for diagnosis and the methodical training of his powers of observation. But it will do far more; it will give him constant practice in the technique of surgery and antisepsis and fit

him for emergencies. "The lessons learnt day by day at the cottage hospital become in time of need of real value in the ancestral hall," and "the peasant's misfortune becomes the means of saving the life of the squire."

As each doctor of the vicinage has equal rights with all others to follow his patients to the hospital, it becomes the common center of professional intercourse. The constant association of self-respecting men, actuated by the same motives of self-improvement and public utility, should cultivate a spirit of amity, which, at the same time, would bring about appreciation of each other's qualities, teach needful lessons of forbearance for each other's faults and enrich the impoverished fund of professional sentiment.

When the first cottage hospital was founded by Mr. Netter in 1853 at Cramleigh the trained nurse in the modern sense was unknown. The ordinary domestic service of England furnished all that was required in superintending and nursing. But I presume no one in these later days would think of organizing a hospital, whatever its pretensions, without enthroning one of these queens of the ampitheater in the supreme care of the house. Upon her careful selection and efficiency will in great measure depend the success of the enterprise, and on her tact the usefulness of the institution to the attending physicians. But in another particular can her services and that of the hospital be utilized to the great advantage of the medical men and of the community. One of the hindrances to a satisfactory professional life for a country doctor is the ineficiency, the ignorance and the impenetrable prejudices of the ordinary "experienced" nurse, an inconvenience from which our city brethren are by no means exempt. But not only is the quality inferior, but the supply is limited. In existing social conditions there is no possibility of supplying to the country laborer or mechanic, to the factory hand or to the small or tenant farmer, the highly-trained graduate of a nursing school, and I am by no means convinced that it would be desirable. But a nurse of better training than the domestic, one whose "experience" has been gained under intelligent and competent direction, including a limited period of hospital service, and selected from the young domestic classes of the community, and who will be content with something less than professional rewards, a moderate wage, is a rapid growing and appreciating need. The cottage hospital is the future school which will prepare a great class of women for useful and happy lives in these vocations.

The village doctor of the future will find the constant employment of one of these a great aid in his work. She will attend him at his office, care for his books and instruments, perhaps for his accounts. But, further than this, she should assist him among the village poor by paying subsidiary and supplemental visits, teaching them primary lessons in domestic economy and housekeeping, infant and invalid feeding, and performing those higher duties of solace and comfort which the quick sympathies of a good woman will prompt. An adaptable woman, with good moral tone, would soon be in close touch with her sisters in every class of life, and would not only lighten and elevate the village doctor's life, but would return her cost to him threefold.

Much that I have said will, of course, seem to by far the greater part of my audience, trite and commonplace, buts its reiteration is needful in pointing out the salient deficiencies of the country doctor and the lines on which most hopeful effort for their abatement may proceed. Fault may be found with the emphasis of my advocacy of the cottage hospital as being difficult or impossible of attainment. But I have other hope, and a brighter, for this State, the realization of which should not fail if the active aid and sympathy of this Faculty can be enlisted in the work. Every county in the State is at yearly expense for its sick poor, without facilities for their care. A cottage hospital at the county town should care for these and receive a sufficient annuity from the county treasury. This, with a moderate State appropriation, would be adequately supplemented by local charity and contributions from patients. Every county is required by law

to have a salaried officer of health. He should be a young man well equipped in modern methods, put on the staff as pathologist and bacteriologist, to do the greater part of the scientific work, and in a few years, having established himself, give place to another.

The essential elements exist in this State; it requires only to create a public and professional sentiment to utilize them to produce the desired result. Now, the working out of this result lies in the co-operative efforts of this Faculty and the county medical societies. We may well take the initiative by appointing a permanent committee on county medical societies, whose duty should be to aid in organization of local societies where they do not already exist, to stimulate the pride of a flagging membership, and to do the many things that will suggest themselves to fertile minds to make them successful centers of medical interest, thought and effort. They could each be made centers of a modified form of university extension teaching, the lecturers to be supplied by the committee at the expense of the local societies. Indeed, the same methods practiced by the University Extension Society could be utilized to an unlimited and most beneficent extent in this field. An interesting outgrowth of the activities of such a committee would be a great increase in the membership of this Faculty, with corresponding growth of its influence in the State. When every licensed physician of Maryland is enrolled among the membership of this venerable Faculty we will form a corporate body of potentialities unequaled by any other combination of citizens; a power in the State that will command attention to our reasonable demands; a force that, if well directed, will make easy of doing works that now seem hopeless or impossible and defend us against future humiliations.

The doctor of the future will be gravely influenced by the evolutionary forces that are so actively at work in constructing our existing and near-coming civilization. Social progress, as in biology, is made only through selection and stress of contest. These inexorable forces are at work upon all the individuals of society, but the medical man is especially exposed to their rigor. The enormous advances in the elementary departments of medicine, especially in the realm of biology, have increased his special stress in an extraordinary degree. With the characteristic devotion to the public good and the unselfish sacrifice of personal interests that have ever distinguished the medical profession, we are outrunning all other callings in the pressure we are voluntarily putting upon our own fraternity to meet worthily the exigencies of the future. This higher medical education, which has been so enthusiastically advocated, and perhaps too rapidly enforced of late years, has intensified the hard conditions of the country doctor's environment. I make no plea for their qualification or abatement, the inherent difficulties of the situation would seem to make that impracticable; but I do appeal to the rural profession to make intelligent and effective use of that elemental means that has heretofore been potent, in addition to individual reason and culture, in fortifying against the tendency to elimination, namely, concerted action.

To this I have endeavored to show that metropolitan and urban medicine is indebted for its proud supremacy; in this I have endeavored to persuade my brethren, the country doctors, lies their future hope of successful survivorship.

Capillary Puncture of the Heart. —Bégouin (British Medical Journal) refers to the well- known fact that entrance of air into the jugular vein causes rapid death by asphyxia. This asphyxia is due to an accumulation of air in the right ventricle. By experiments on dogs and rabbits he finds that, when air has been insufflated into the jugulars, and asphyxia, which would probably prove fatal, has come on, if the air contained in the right ventricle be aspirated through a capillary puncture the symptoms of asphyxia disappear gradually as the air is drawn off, and the animals soon recover completely. The author believes capillary puncture of the ventricle would be equally successful in man whenever this accident happens, as in the course of an operation.

VACCINATION, REVACCINATION.

By William J. Todd, M.D.,
Mt. Washington, Md.

READ BEFORE THE MARYLAND PUBLIC HEALTH ASSOCIATION, MAY 11 AND 12, 1898.

THIS is a subject with which we are so familiar that I am afraid both we, the physicians, and we, the people, whose lives and health are to be guarded, have of late treated it with neglect and perhaps with contempt.

Today we know little or nothing of the horrors of smallpox, except that which we have learned from history. Very few of the younger generation of physicians have seen a case of smallpox, and few of the older men have experienced an epidemic, for which fact we owe many thanks to the discovery of Jenner.

This discovery and the application of it, the great benefits that have accrued to mankind from it, not only in the saving of life, but in the increase of the average length of life, the decrease of impaired constitutions, of partial or total blindness and disfigurement of features—all this, which previous to Jenner's day resulted from that offensive, most loathsome and most contagious of all diseases—smallpox.

If medicine had made no other discovery, made no other advancement during the past century, medicine by this one act alone would have covered herself with a crown of glory as bright and as lasting as the sun.

I quote at length from Dr. Moore's article on "Smallpox" in the *Twentieth Century Practice:*

"In Europe smallpox was one of the most widely distributed, most frequent and most destructive of pestilence up to the introduction of vaccination.

"Before the introduction of vaccination the annual mortality from smallpox in England and Wales alone was at the rate of 3000 deaths in every 1,000,000 of the population; this, according to the census of 1894, would correspond to a loss of some 87,000 lives per annum.

"In 1890 smallpox caused only fifteen deaths in England, and the average annual number of deaths from this disease in the ten years 1881 to 1890, inclusive, was one-seventieth part (1-70) only of the death rate of prevaccination times.

"Lord Macaulay, writing of the death of Queen Mary in 1694, thus describes the ravages of smallpox:[a] 'That disease, over which science has since achieved a succession of glorious and beneficent victories, was then the most terrible of all ministers of death. The havoc of the plague had been far more rapid, but the plague had visited our shores only once or twice within living memory, and the smallpox was always present, filling the churchyards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover.'"

Sir Gilbert Blane quoted a report of the Hospital for the Indigent Blind to the effect that two-thirds of those who applied there for relief had lost their sight by smallpox. (*Medico-Chirurgical Transactions*, Vol. X, p. 32.)

During the year ending December 31, 1821, the total number of deaths from all causes in Baltimore city was 2015. Of this number twenty-one died of smallpox.

During the year ending December 31, 1822, 122 died of smallpox; total deaths, 2319.

In the year 1823 there were two deaths from smallpox occurring in January; total deaths, 2108. (The *Philadelphia Journal*, Vols. I, IV, VI.)

My experience and the experience of other physicians with whom I have compared notes leads me to fear the pendulum has swung to the other extreme in our Maryland, that we are neglecting this most successful preventive of disease. I find upon reviewing the literature on this subject that the cause of the recent outbreaks of smallpox in this country and other places have been attributed to neglect and carelessness in not vaccinating properly. No sane man with the evidence before him will deny the value of vaccination.

I quote from the Maryland laws relating to the public health, as compiled by Dr. James A. Steuart:

"1872, Chapter 257, Section 6.—It shall be the duty of every parent and guardian to have his or her child vaccinated within twelve months after its birth, if it shall be in proper condition, or as soon thereafter as practicable, etc.

"Section 7. No teacher in any school shall receive into such school any person or a scholar until such person shall produce the certificate of some regular practicing physician that such applicant for admission into the school has been duly vaccinated," etc.

The law regarding the vaccination of children within the first year of its life is usually ignored. Children are not vaccinated until the school age, and only then because, as we see above, the teacher must not admit them to the school until a certificate from a physician has been secured stating the child therein named has been duly vaccinated. I have been creditably informed that even this precaution is disregarded in some places. (Dr. S. J. Fort's paper, November 19, 1897, Maryland Public Health Association.)

The teacher does not know, nor inquire, perhaps, if the particular child has been properly protected from smallpox; in fact, she cannot refuse the certificate if she should know otherwise.

Colonel Charles B. Rodgers of the Baltimore county schools tells me he has frequently felt sure of the insufficiency of the protection of a vaccination in some school children, but was powerless to act, as a physician's certificate was on file with the teacher.

My attention was called recently to this subject by the following cases:

Elmer S— had been transferred from one county school to a second. He did not bring the physician's certificate of vaccination with him, which he had deposited at the school last attended. He came to me for my signature to a second blank, which I refused, as I developed, upon examination, the following history:

Elmer applied some three years ago to a physician for vaccination, as he was about to enter the public school, and his physician vaccinated him and signed a certificate at once. The vaccination did not take, yet the letter of the law had been complied with.

The teacher was satisfied; she had the physician's certificate that the boy had been duly vaccinated to protect her.

I ask, was the spirit of the law complied with? The boy certainly was not protected.

Another case in point: F., D., P. and S., aged six, eight, ten and twelve years respectively, members of the same family. F., the youngest, was old enough to enter the public schools and must be vaccinated, which I did. I found upon inquiry that D. and P. had been vaccinated the year before. S. had been vaccinated three different times. All were attending school and having the necessary certificates. Thinking it best, I revaccinated, and all suffered the usual symptoms of an original vaccination.

With these children the physician performing the vaccinations signed the certificates before the children left his office, not waiting until he was sure beyond doubt the result was a success.

The immunity in the oldest child by the first vaccination, if a success, might have been exhausted and revaccination necessary, but my impression at the time was that the different vaccinations were not successful.

Another source of error is the habit of physicians to examine the arms of children who have been vaccinated, from five to ten years and more, and pass them, when the test of revaccination should be made.

"If thorough vaccination and revaccination of whole communities were possible, smallpox would almost disappear." —"The Practice of Medicine," Wood & Fitz, 1897, p. 116.

Rohé, in his "Text-Book of Hygiene" (edition 1894, p. 342), writes: "In order to secure permanent protection against smallpox, revaccination should be performed after a certain interval. Some place the period at which this second vaccination should be done at five years, while others allow a longer interval—seven, eight or ten years."

Our Dr. Osler records in his work on

"Practice," p. 51, an epidemic of smallpox as late as 1885. Smallpox had been prevalent in Montreal in 1870 and 1875. The city was free from it until 1885. During these ten years the people opposed and neglected the operation, so that the younger population was unprotected. The epidemic of 1885 started February 28 from an imported case from Chicago, a conductor of a Pullman car. From this case the disease spread to such an extent that within nine months 3164 persons died from smallpox in Montreal, the population at that time numbering some 200,000.

"Revaccination should be performed between the tenth and fifteenth year and whenever smallpox is epidemic. The susceptibility to revaccination is curiously variable, and when smallpox is prevalent it not well, if unsuccessful, to be content with a single attempt." (Osler, p. 65).

Dr. John Campbell, Medical Officer of Health of Gloucester, England, writes in the London *Lancet* of April, 1897:

"The population of Gloucester was 41,000, of whom very few adults had ever been revaccinated, and since the guardians ten years ago ceased to enforce the acts the great majority of the children, forming probably nearly one-fourth of the inhabitants, had remained entirely unprotected. Indeed, the anti-vaccinationists boasted that Gloucester was the least vaccinated town in England and had enjoyed immunity from smallpox for twenty years. The first cases occurred in June, 1895. In January, 1896, forty-one cases were reported; February, 150; March, 518; April, 783; May, 367; June, 112; July, 23—total, 1994.

"Seven hundred and forty-two cases were treated in hospitals; the rest were treated at their homes.

"There were 710 cases under ten years of age, of whom twenty-three had been vaccinated and 687 had not been vaccinated. Of the vaccinated, none died; of the unvaccinated 278 died.

"Between the ages of ten and twenty years there were 309 cases. Of this number 260 were vaccinated in infancy, of whom nine died; forty-nine were unvaccinated, of whom thirteen died.

"There were 925 cases above twenty years of age. Eight hundred and eighty-nine were vaccinated, with ninety-nine deaths; thirty-six were unvaccinated, with fifteen deaths, thirty-five cases occurring in persons who were said to have been vaccinated in infancy, but who show no marks; they were practically unprotected and fifteen of them died."

The elder Flint (6th edition, 1886, p. 1046) wrote regarding revaccination: "It is evidently better that the period should be needlessly short than too long. With our present knowledge the propriety, if not importance, of revaccination every five years is to be advocated. In cases of known exposure, or when smallpox prevails as an epidemic, it is proper to vaccinate without regard to previous vaccination. Revaccination, in fact, is always proper as the readiest and safest test of unsusceptibility to smallpox."

"Revaccination is essential at not longer periods than eight or ten years. * * * Whenever any person is exposed to an epidemic of smallpox revaccination should be insisted upon. * * * In cases of failure to "take" there should be repetition of the vaccination almost indefinitely if there be positive exposure to smallpox."—"Practice of Medicine," Wood & Fitz, 1897, p. 118.

In closing this paper I would urge upon parent and guardian not only is vaccination, but revaccination, necessary. Can you doubt it when you have such evidence as Dr. Campbell of Gloucester?

To the teacher: As the law now reads you cannot do more than have a child duly vaccinated, but urge upon him the value of a revaccination and during an epidemic of smallpox frequent vaccinations. For yourself, be revaccinated frequently; you owe this to yourself for your own protection.

I would suggest to the County Commissioners the money spent for vaccination and revaccination is not an expense, but an investment that will pay a large percentage of profit in the future health of your county.

I will again urge my measure of last year. Appoint a physician to have charge of the health and sanitation of certain specified schools, to visit them daily, vaccinate and revaccinate pupils and teach-

ers when he thinks it necessary, dismiss sick children and readmit the convalescent.

The Commissioners should furnish the best vaccine virus and pay the physician a good salary for his work, not the beggarly pittance of fifty cents for a vaccination that is now promised and sometimes not paid.

We physicians should give more attention to this operation, procuring fresh virus, use the necessary precautions to prevent a mixed inoculation, postponing the signing of school certificates until satisfied the operation has been a success, performing revaccination if necessary to satisfy ourselves.

In the families we attend advise the revaccination of all children when they reach the age of ten years.

HOMING PIGEONS.

By Charles L. Lang, M.D.,
Meridian, N. Y.

Dr. Arnold of Illinois writes an interesting letter in the *Journal of the American Medical Association* on "Homing Pigeons as Medical Messengers." I think he is only one of the majority of country doctors who will soon find my plan of messenger service indispensable.

I should like to give one more word of advice to prospective purchasers of these birds. Do not buy old birds, expecting to accustom them to their new surroundings. If you succeed you will always have an idea that the birds are not of the best grade. If the birds are of the best quality you will surely lose them, no matter how long you confine them.

During the past winter I purchased several fine birds as breeders, some from Belgium, old record birds, one bred by Paul W. Krouse of Philadelphia, holder of the world's record for 500 miles, and one from the Fell's Point Homing Club of Baltimore.

They are all gone, although some of them had flown at will for three months without offering to leave me, until the time arrived when they had usually been put into training. C. 2008, T. 2853 and F. 15,350 were the three best American-bred birds among those I have lost.

In buying young birds do not accept them until they are at least nine weeks old. Many breeders ship the youngsters at six or seven weeks of age, when they are hardly able to stand the journey or eat independently. The *Cosmopolitan* for April has a beautifully-illustrated article on this subject of "Homing Pigeons," which it would well repay every interested physician to read. Also "The Breeding and Training of Homing Pigeons," published and for sale by Charles F. Hoser of Germantown, Pa., at twenty-five cents, is a useful book.

It is often wise to order several pairs at once to save express charges. Dr. Arnold has purchased three lots of birds from me during the past month, and has a good start now.

I have a patient on hand now that well illustrates the help these feathered messengers afford me. A little girl of three has had dysentery for three weeks, a very severe case indeed. I visited her each morning and each afternoon at 5 o'clock. The mother, a very intelligent woman, released a bird bearing a bulletin to me. I enclose one which I received just after she began to improve. Such a message gives the tired, anxious doctor a better appetite for his supper:

April 2, 1898, 5 P. M.

Dr. Lang:

Bessie has enjoyed the same favorable conditions since your visit. The bowels have not moved since morning (8.30). She has had portions of four cooked eggs, and about the same allowance of beef as usual, beside two raw eggs. She was very glad to have grandpa bring his paper and sit in her room after dinner. I wish you could have enjoyed a glimpse of them with me a short time after—grandpa sound asleep, resting after his morning's work, and the little one cuddled in her bed enjoying her needed rest. She has been quiet since waking, and I feel that she is improving every hour.

M. C. F.

I have grown to love my little feathered helpers. They do not grumble or shirk or ask for a day off when I need them most.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

EXECUTIVE SESSION.

REPORT OF COMMITTEE ON PREVENTABLE BLINDNESS.

Mr. President and Gentlemen—From the promptness with which almost all the midwives now cause infants suffering with ophthalmia neonatorum to be sent to the eye dispensaries it is believed that the law bearing on that matter is very generally obeyed, and that thereby many eyes are annually saved. At the Presbyterian Eye, Ear and Throat Charity Hospital it is the rule to inquire carefully into every case of that disease which applies for treatment. As a result three cases were reported to the Health Department from that institution last spring and two midwives were convicted and fined. So, for nearly a year, every midwife seems to have done what the law requires. The late Health Commissioner did not send any circulars to midwives in 1897 calling attention to the law and its requirements. The present Health Commissioner has promised this committee that this shall be done in the near future. It is our opinion that the testing of the eyesight of the school children, and calling attention thus early to serious defects, will result in the prevention of a number of cases of blindness later on. Finally, it would seem that this committee might now be discontinued.

Respectfully submitted,

HERBERT HARLAN,
G. A. FLEMING.

TREASURER'S REPORT.

Financial Statement of Faculty:		
Receipts		$2,628 00
Expenses		2,445 54
Balance		$182 46
Financial Statement of Trustees:		
Receipts	$549 22	
Expenses	387 37	
Balance		$161 85
Total balance		$344 31

Totals:		
Receipts of Faculty		$2,628 00
Receipts of Trustees		549 22
Total receipts		$3,177 22
Expenses of Faculty		$2,445 54
Expenses of Trustees		387 37
Total expenses		$2,832 91
Total balance		$344 31
Building Fund:		
Cash receipts		$1,974 48
Deposited in savings bank		1,974 48
Itemized Receipts of Faculty:		
Frick Library	$700 00	
Dues of members	1,618 00	
Membership fees	275 00	
Advertising in Transactions	35 00	
Total		$2,628 00
Itemized Expenses of Faculty:		
Frick Library	$700 00	
Library Committee	781 40	
Transactions, printing and mailing	197 73	
Interest on mortgage	350 00	
Telephone	106 98	
Postage and collecting bills	50 00	
Insurance on library, five years	72 00	
Reporting meetings	29 18	
Printing and stationery	80 20	
A. Hoen & Co., diplomas	20 00	
Incidentals	58 05	
		$2,445 54
Balance		$182 46
Itemized Receipts of Trustees:		
Balance on hand April 28, 1897	$123 22	
Pharmaceutical exhibit	90 00	
Rent of hall	336 00	
Total		$549 22
Itemized Expenses of Trustees:		
Repairs to building	$63 86	
Janitor	165 00	
Water tax	27 26	
Coal	131 25	
Total		$387 37
Balance		$161 85

Number of Members:		
City members		337
Country members		156
		493
Died during the year	10	
Resigned	3	
Suspended	7	
		— 20
		473

MARYLAND PUBLIC HEALTH ASSOCIATION.

HELD AT BALTIMORE, MAY 11 AND 12, 1898.

WEDNESDAY—FIRST DAY.

(*Continued.*)

Dr. William J. Todd, of Mt. Washington, then read a paper on "Vaccination and Revaccination," in which he said that vaccination and revaccination were not sufficiently regarded at the present time. Too often certificates were given when there had been no proper vaccination. He thought that revaccination should be done at least once in every twelve years, and oftener in many cases (see page 667).

This paper was discussed by Dr. Welch and Mr. Hartshorne.

Mr. Charles R. Hartshorne, school commissioner of Montgomery, then read a paper entitled "School Inspection," the result of which showed in this short time a better condition of the schools in his district than formerly. None of the buildings have a cubic air space commensurate with the seating capacity. The room that was supposed to be best ventilated was found to be very close and uncomfortable. In only one school were the children required to use individual drinking cups, but since that investigation other schools have adopted the plan. There has also been a greatly-improved way of reporting the infectious diseases and the prevention of children from returning to school in a safe time after illness. In nearly every school the desks are antiquated and improperly arranged, in many cases the children being obliged to bend forward at a considerable angle in order to see the book. This paper was discussed by several members.

Dr. Augustus Stabler, health officer of Brighton, said in private houses heating is not so difficult, but in public buildings, occupied for only a part of the day, especially in county districts, the floor is usually cold except within a few feet around the red-hot stove. Air soon becomes impure, windows are open, cold draughts come in and often cause illness. Nothing but ignorance can cause such conditions as these. In ventilating small schoolhouses two things should be utilized; first, fresh air must be furnished through a flue placed under the stove; this inlet should have a valve to regulate the influx of air, but should never be shut tight; then again, a ventilating chimney should be put on under one side of the room, and if the stovepipe is inserted near this aperture the waste heat escaping will create a draught. If the building is already erected and the funds are limited, then the placing of a simple chimney made of plain boards on the corner of the room and carried several feet above the roof and surmounted with a suction cap, answers the purpose. These have been found to work in rooms for thirty or more people. The opening near the floor should be the full size of the chimney, and the size of the chimney should be governed by the number of people who are to occupy the room. If there is not sufficient current then a small lamp should be put inside of this outer chimney. Our children need not only free schools and free books, but free ventilation.

Miss McIlvain then read a paper for Miss Ridgely, who was unavoidably absent, as representing the Health Protective Branch of United Women of Maryland, describing the system of medical inspection which had been employed in Boston and other cities, which had caused diminution in the number of contagious diseases in the schools.

Dr. Gichner referred to the importance of the paper presented by Dr. Stabler, and said that the subject was a very important one, and not often presented.

Dr. John S. Fulton said that the subject was a very important one, and one that had been very much neglected. He showed a device which he had for the ventilation of small rooms. It was a tin pipe within another pipe to be attached to the stove.

Mr. Worthington, school commissioner of Anne Arundel county, asked that when the child was vaccinated if a certificate was given at that time.

Dr. Fulton said that a certificate only showed that the arm has been scarified and something rubbed on it.

Mr. Worthington said that if the child is not vaccinated it is the physician's fault.

Dr. Taneyhill asked what reform would be suggested in this case?

Dr. Welch asked if the certificate was given at the time of vaccination or when the arm was looked at?

Mr. Worthington said it is usually not given until he was satisfied that vaccination had taken place. Some persons are not susceptible to vaccination.

Mrs. Fendler said that in New York physicians go to every school and examine every arm and send those who need it to be vaccinated. They visit the school again in a few days and see what the results are.

Mr. Hartshorne said that the necessity of revaccination was very important. His uncle, Dr. Henry Hartshorne, of Philadelphia, had vaccinated him many times, and he has a number of beautiful scars. He has good reasons to believe that revaccination is of use, but there should be some modification of the law. Some physicians give a certificate as soon as vaccination is done, without seeing if it takes or not. Physicians should revaccinate every case that does not take. We must understand what "duly vaccinated" means. There ought to be a provision for revaccinating once in four to five to ten years. This carrying out of the law is placed on the shoulders of the teachers. This is a mistake; many of them are young girls, not paid much, and they have enough to do without this, and one would not think of fining one of these teachers unless in exceptional instances.

Dr. Stabler asked who should pay for the virus and the physicians' work. He knew of no means provided in the State or county for vaccinating children, and parents were not able to pay for it themselves. Most of them do not want to do it if they can get out of it. It is too often a charity on the part of the physician. It is troublesome to do it properly. You first have to get your lymph, and then catch your child. As it is done to prevent disease, the community should bear the expense, and there should be some stipulation in the law as to the kind of vesicle which is produced. As for Dr. Fulton's device for ventilation, he does not like it, for if it is used some one will think the building is ventilated, and though it may do the work, it is on a wrong principle.

Mr. Hartshorne said that an architect had just told him that Dr. Stabler was on the right track.

Dr. Charles W. Mitchell of Baltimore then made some remarks on "Periods of Incubation and Infectiousness." He referred to the large number of cases attending the schools in the various cities. Inspection is possible with us in the large cities and towns. He gave definitions of the period of incubation; it is the time between the entrance of the poison into the body and the appearance of the disease; this varies in different diseases, and in the same diseases under different circumstances. The period of infectiousness is when the patient or some of its discharges retain the power of conveying the disease. He referred to the after effects and some of the discharges which may contain the disease which may spread long after persons may think it is passed. The infectiousness is just as dangerous in mild cases as in severe ones, and mild cases are the most dangerous kind, because people do not recognize them. He protested against the idea which is so prevalent of exposing children to the contagious diseases in order to let them get over it. In the outbreak of a disease mothers will bring other children in the same room and the same bed, so that they all can have the disease and be nursed at one time. This has too often caused the death of one or more of the children. Dr. Mitchell then went over systematically such diseases as measles, scarlet fever, diphtheria, whooping cough, chicken pox and mumps, and showed the periods of incubation, the period of infectiousness and the general reaction of all these diseases.

Colonel George E. Waring at the night session then delivered an address on "The Sanitary Treatment of Water-borne Wastes in Town and Country," in which he said that while we did often pay attention to sanitary matters in the house, we neglected them outside. Sewage is unpleasant to the sight and to the smell, and still further, it furnishes a growth of bacteria harmful to man. When foul liquid is thrown upon the ground it gradually loses its power of harm, but when discharge takes place in a cesspool dan-

gerous putrefaction soon sets in. The cesspool is a source of danger in every place. The only proper disposal of sewage as far as we know is to bring all of its organic contents into close contact with atmospheric air under conditions suitable for bacterial oxidation. There can be no proper disposal that does not secure rapid resolution into elements. All decaying matter should be put in the way of being destroyed most quickly. If sewage be allowed to trickle over crush stone so arranged that air will penetrate all crevices, it will soon pass away as pure as water, leaving deposited on the stones a layer of sludge, which is soon oxidized. Colonel Waring then described a system of his own for disposing of sewage in country houses. This could be put up at a small cost. His address was received with great applause.

THURSDAY, MAY 12—SECOND DAY.

Dr. Edward M. Schaeffer, representing the Physical Education Society of Baltimore, read a paper entitled, "Wanted—The Whole Man" (see page 639).

Miss Rebecca Stoneroad, physical director of the public schools of Washington, D. C., then read a paper on "Public Schools, Conditions, Problems and Methods."

This paper was discussed by a large number of members.

After this the addresses of the morning were illustrated by exercises in educational gymnaststics at the Western Female High School. The exhibition was largely attended, and evoked considerable interest and enthusiasm.

Rev. T. M. Beadenkopf then read a paper entitled "Public Baths in European and American Cities." He spoke of the difficulty that boys had in Baltimore to go swimming, as they were always driven away by the police. By the aid of several gentlemen he had erected several bathhouses, which was the beginning of a system of public baths in this city. Europe is far ahead of us in the system of public baths. London is said to have expended two and a-half million dollars in this deserving charity. They also have washhouses, where soiled clothing is laundered by the poor people, who pay a small sum for the privilege. This yields a large revenue to the city. He thought that the shower bath was especially successful when introduced into the schools, and he thought that the children who did not have baths at home would be very glad to use these at the schools. He hoped that the school board of Baltimore would endeavor to establish free baths for the scholars. In New York there are a few floating baths on East river which provide for bathing, but not cleanliness. The taste for bathing is acquired, not natural. In the slum districts of Baltimore there is provision for about nine out of 100 persons for bathing in bathtubs; in Philadelphia, seventeen out of 100; in New York, two and a-half out of 100, and Chicago, four.

Mr. W. H. Morriss, secretary of the Y. M. C. A., who is also a member of the city free bathing commission, said that this work had begun about five years ago, and even with limited facilities much had been accomplished; 30,000 men and boys had used these baths last summer.

These two addresses were discussed by a number of members, and several resolutions were offered.

The following officers were elected for the ensuing year: President, Dr. George H. Rohé; vice-presidents, Dr. Edward M. Schaeffer, Mrs. Daniel Miller, Miss Eliza Ridgely, Mr. Charles R. Hartshorne, Dr. Augustus Stabler, Dr. Howard Bratton; secretary, Dr. John S. Fulton; treasurer, Dr. L. Gibbons Smart.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

FORTY-EIGHTH ANNUAL SESSION, HELD AT LANCASTER, MAY 17 TO 19, 1898.

The above society was organized in the city of Lancaster in 1848, and this meeting was the largest ever held outside of Pittsburg and Philadelphia, 395 delegates being present. The society has in affiliation with it fifty-seven county societies, with a total membership of 3194. The Lancaster City and County Medical Society had made every arrangement to make this a successful meeting, and no pains were spared to make the stay of the visitors pleasant, special excursions and receptions being provided for the vis-

iting ladies. The exhibits were represented by more than thirty prominent firms, the manufacturers of a number of unethical preparations having been refused space.

The society made good the pledge given by its officers at the Philadelphia meeting of the American Medical Association by appropriating $2000 to the Rush Monument Fund, and the society had already given $500 to the fund. During the year past the society has issued its transactions in the form of a medical monthly, the *Pennsylvania Medical Journal*, published at Pittsburg, which has been mailed regularly to all the members of the several county societies. This publication is to be enlarged and continued, only two counties expressing a preference for the former plan of a single annual volume. The journal has rigidly excluded all secret, trade-marked or patented medicines or medicinal preparations from its advertising pages. The next meeting is to be at Johnstown, and Dr. W. B. Lowman of that place is the newly-elected president.

The semi-centennial exercises were held the first evening, the Hon. W. U. Hensel, Lancaster, giving the address of welcome, and Dr. W. Murray Weidman, Reading, the president's address. The address by Mr. Hensel was scholarly and historical, and he very properly referred to the national prominence of the Lancaster physicians who were among the founders of the society. The president's address was an able review of the history and the work of the society, calling attention to the work yet to be accomplished in the interests of the people. A letter was read from Dr. Alfred Stillé, Philadelphia, the only surviving member of the organizers of the society, and a suitable letter ordered forwarded to the revered doctor. Dr. J. Augustus Ehler, Lancaster, though not a member of the convention in 1848, was present in the audience and became a member at the next session. Dr. Ehler was the oldest member present this year, and at the opening of the meeting was invited to a seat on the platform with the president.

On the second evening there was an illustrated lecture, "The Sanitary Relations of Our Highlands to the State," by Dr. J. T. Rothrock, State Forestry Commissioner, who gave a delightful entertainment and proved to thinking persons that the Commonwealth should possess itself of some of the barren mountains in the interest of public health and for the maintenance of an even-water flow in the streams of the State.

Some seventy scientific papers were read, the largest number ever presented at any one meeting, and possibly too many, as the time left for discussions was thereby limited, notwithstanding the fact that the business of the society is now largely done in committees and by the trustees.

Treatment of Gonorrheal Rheumatism.—Rendu (British Medical Journal) is of the opinion that the proper treatment of gonorrheal rheumatism consists in treating the discharge itself. Internal remedies, such as salicylate of soda, salol and salophen, are unsatisfactory. The gonococci must be destroyed at their point of origin, where they multiply and infect the organism generally. The best means is by permanganate of potash irrigations. According to Rendu, after two or three days of this treatment the swelling, pain and edema of the joints subside, and a cure is effected. The treatment is more effective in early cases, but if the joints have been affected for long, it often fails. In such obstinate cases Rendu recommends injection of the joints with 1 in 4000 perchloride of mercury. In suppurating cases arthrotomy is indicated. If the joint has not long been immobile there is little fear of ankylosis, but stiffness and muscular atrophy often occur, which are best treated by massage exercises and the faradic current.

* * *

Accessory Suprarenal Capsules Near Ovary.—Gottschalk (British Medical Journal), in removing a pair of diseased appendages, discovered accessory "adrenal" bodies in the infundibulo-pelvic ligament close to one of the ovaries. He reports the case as adding a fifth to the four already published of accessory suprarenal capsules detected in the pelvis.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JUNE 25, 1898.

The Country Doctor.

THE country doctor is fast becoming a being of the past, especially in the East, where civilization has progressed so far, and where the population is so crowded. If statistics are to be believed, more than one-third of the population of these United States now live in cities, and in some States, such as Massachusetts, the proportion is much greater. New York city now contains as many, if not more, inhabitants than the whole United States had at the time that George Washington took the oath of office as President.

This progress is not only confined to cities, but the country districts have advanced as well, and, as Dr. Ellis has so ably pointed out, there is room still for some great and important needs of which the country doctor should, and probably soon will, take advantage. It is well known that of the successful men in any branch of business or profession, many of them have come from the country, and probably because a healthy body contains a strong and vigorous mind these country-bred men have far distanced the city-born creatures.

In medicine it is well known that many of the shining lights began their careers in small towns and remote rural districts, and with slight advantages and many setbacks they accomplished what too many city men, surrounded by ease and comfort, never dreamed of. Science has come to the help of the country practitioner in other ways, and his natural ability to control the animals and use them has brought to his use the carrier or homing pigeon, which, as Dr. Lang has shown, can be made such a useful adjunct and helper to the tired physician. The telephone, too, cheapened by improved conditions and exhausted patents, has brought physician and patient in remote districts within close range.

The city and country should never forget their mutual interdependence, and should always be ready to help the one side or the other. Perhaps as a fitting example the State Society, the Medical and Chirurgical Faculty, has grown to be almost too much of a society for the city members. This the country members feel all too keenly, and this has hindered in time past a better representation from all parts of the State.

The country doctor is no longer now considered a man who is behind the times, but one who is wide-awake and alive to every modern advantage. Many men in small places regularly set aside a certain number of weeks each season and go to a large city to brush up on an old subject or learn something of a new one. These men drop all work and give their whole time to the one thing in mind, and naturally learn more than the city man who attempts to keep up his practice and do some little side work as well.

These articles of Dr. Ellis and Dr. Lang show what the country doctor can do and what he has done, and how ready he is to learn and put into practice the latest ideas. The natural current of humanity is from the country to the city, and while there are some failures, the average physician who has ambition enough to come to a large place and enter into the fierce competition often makes a great success and shows what stuff he is made of.

* * *

When Doctors Disagree.

THE Health Commissioner attributes the prevalence of typhoid fever to an infected water suppliy, while a prominent member of the State Board of Health suggests that the sewage system is defective, which is certainly true. If two authorities apparently disagree on such a vital question the outlook for decreased typhoid mortality is not encouraging.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 18, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	10
Phthisis Pulmonalis	..	10
Measles	48	4
Whooping Cough	5	..
Pseudo-Membranous Croup and Diphtheria.	23	6
Mumps	..	..
Scarlet Fever	11	2
Varioloid	..	..
Varicella	..	.
Typhoid Fever	6	2

Very few physicians in London have telephones.

Dr. Osler is getting out a new edition of his Practice of Medicine.

The Berlin Health Office has begun a crusade against unclean sleeping cars.

Dr. James F. Dougherty of Princess Anne has just died, aged twenty-eight.

Dr. Richard Potts, a prominent physician of King George county, Virginia, is dead.

Dr. Louis E. Livingood is now associate in pathology at the Johns Hopkins University.

Dr. Osler will succeed Dr. Welch as dean of the Johns Hopkins Medical School next October.

Politzer will soon occupy his own chair and that of Gruber, who has resigned, at the University of Vienna.

Dr. Charles A. Wade, a well-known physician of Morgantown, W. Va., died suddenly at his home last Sunday.

Harvard is about to erect an infirmary for sick students. Princeton has had the Isabella McCosh Infirmary for years.

According to the latest reports the Spanish will not respect the neutrality of the medical corps of the army or navy.

At a recent dinner given by the Lord Mayor of London $375,000 was collected for the London Hospital and $20,000 was promised.

Dr. T. W. Cleaveland, who was accused of carelessly poisoning an infant and causing its death, has been acquitted of the charge.

Dr. Henry B. Thomas has succeeded Dr. John N. Mackenzie as clinical professor of laryngology at the University of Maryland.

Prof. Ira Remsen, of the Johns Hopkins University, has been made an honorary member of the British Pharmaceutical Association.

The thirty-first annual meeting of the Canadian Medical Association will be held in Laval University, at Quebec, on August 17, 18, 19, 1898.

The Battle Creek Sanitarium, which has for its head the able physician, Dr. J. H. Kellogg, is about to open an Eastern branch on Staten Island.

Drs. T. C. Gilchrist and J. W. Lord, formerly associates in dermatology at the Johns Hopkins University, have been made clinical professors.

Drs. S. G. Davis and E. A. Munoz have been re-elected at the Baltimore General Dispensary, and Dr. W. H. Pearce has succeeded Dr. F. Caruthers, who resigned.

The town of Dijon, France, has received $20,000 from the will of the late Tarnier. This will be used for the benefit of pregnant or lying-in women or newly-born children.

The Woman's Hospital of New York is in need of money. Perhaps some obliging exchange will kindly point out a charity that will admit it does not need money.

Dr. L. McLane Tiffany, who partially withdrew from the University of Maryland and the University Hospital, has returned to these institutions and has resumed his former positions.

The Poor Association of Baltimore requests physicians to keep it informed of any poor sick who are in need of ice. This association distributed last summer 72,200 pounds of ice free to the sick poor.

Drs. Austin Flint, professor of physiology; Frederic S. Dennis, professor of principles and practice of surgery, and Samuel Alexander, professor of genito-urinary surgery, have resigned from the faculty of the Bellevue Hospital Medical College.

The following changes have been made in the faculty of the Woman's Medical College: Dr. Charles H. Riley, Professor of Obstetrics; John L. G. Lee, LL.B., member of the Baltimore Bar, Lecturer on Medical Jurisprudence; Dr. B. Bernard Browne, President of the Faculty; Dr. Joseph S. Smith, Secretary; Dr. Charles O'Donovan, Treasurer.

Washington Notes.

Dr. Wm. C. Gwynn has been appointed resident physician of the new Georgetown University Hospital.

Dr. Wm. E. Whitson, of the staff of the Washington Asylum, has tendered his resignation, and will leave for Europe in a few days.

The Senate amendment of the District appropriation strikes out the provision of a morgue keeper, and in its place only $1000 was allowed for repairs and equipments of the morgue.

The Emergency Hospital is receiving many cases of injury and alcoholism from Camp Alger. Campbell and Mansfield, with fractured skulls and concussion of the brain, will not recover.

A hospital train left for Tampa last week, consisting of ten Pullman sleeping cars, one dining car, one cooking car and a combination coach. It is equipped in every particular for the care of sick and disabled soldiers.

George Curtin was killed and Dr. John Rodgers painfully injured by a soda-water fountain explosion in O'Donnell's drugstore. They were charging the fountain at the time of the explosion.

Dr. Mary Walker, a nurse and surgeon who rendered valuable services in the civil war, but more generally known for the peculiar costume she wears, is to have an increase in pension from $12 to $20 a month.

The appointment of Dr. John W. Bayne of Washington, D. C., to be Brigade Surgeon, United States Volunteers, has given general satisfaction to the profession of that city. Dr. Bayne was born in Maryland on February 9, 1846. He is a son of John H. Bayne, who served for several years in the army. His education was received at Charlotte Hall. From the University of Maryland he graduated M.D. in 1868. Dr. Bayne was appointed A. A. S. U. S. A. in 1868, and ordered to duty at Fort Foote, Md., where he remained until 1879, when he was transferred to Washington Barracks, D. C., serving until 1881 as Post Surgeon. In 1879 he was appointed one of the surgeons to Providence Hospital; in 1881, Professor of Clinical Surgery University of Georgetown; in 1888, Consulting Surgeon to the Eastern Dispensary; in 1897, Consultant to the Episcopal Eye and Ear Hospital, all of which positions he still holds. For eight years he was Surgeon to the Metropolitan Police Department. Dr. Bayne is a member of the Medical Society, District of Columbia; Medical Association, District of Columbia; American Medical Association, and of the Society of Sons of the American Revolution, being vice-president of this last.

Book Reviews.

RELIGION AND LUST: The Psychical Correlation of Religious Emotion and Sexual Desire. By James Weir, Jr., M.D. Second Edition. Pp. 338. Cloth $2. Owensboro, Ky.: Z. T. Lowey. 1897.

The author presents interestingly the connection between erotomania and religious frenzy, discusses the reign of the sex-god throughout the history of mankind (phallic worship, etc.,) and marshals a grand array of degenerates, among whom men of genius, prophets, female suffragists, anarchists and criminals disport themselves fraternally.

Science and religion have no necessary antagonisms. Both have their pseudo-exponents, whose chief delight is dogmatism, intolerance and cocksuredness. The rank evolutionist and the half-educated theologian are a pair of degenerates, perhaps.

It is a sight to make our pithecoid ancestors blush to witness some knight-errant of science pounding the immaterial in his mortar and measuring the spiritual with a scales or yardstick.

The author admits that, although "prophets and saints were mentally unbalanced, yet the doctrines they promulgated have been of incalculable benefit to mankind. Genius, no matter in what shape it appears or how erratic it becomes, is sure to lighten the burdens of humanity with some portion of its leaven."

There must, then be a divinity that shapes their ends, unless degeneracy is the evolutionist's patent for uplifting humanity. Might it not be supposable that a studied unbelief or religious know-nothingism is itself an index of degeneracy? No two scientists agree in their conclusions after writing a new gospel and laying the faith of their fathers out for a materialistic wake. May this not be due to an atrophy of that brain and logical faculty which deals with the things unseen, to decay (from disuse) of the higher apperceptive powers, which in time scientific humility of mind and spirit await a revealed rather than a forced interpretation of

nature's secrets, in accordance with the laws of the kingdom under investigation?

"St. Paul, the great exponent of the resurrection of the body, was a man of transcendent genius. He taught the grandest, most sublime and divinest philosophy ever enunciated by the lips of man." Dr. Weir finds in his supposed epilepsy the causation of this marked psychical degeneration. He neglects to give a somatic reason for the same belief in a Gladstone.

THE Truth About the Cigarette. Papers read and discussed by the Medico-Legal Society of New York. This is a very ardent brief for the cigarette, and undoubtedly contains much that is true. It shows how the opposers of the cigarette have so far overstepped the mark in their exaggerations that they have hurt the very cause for which they fought. This monograph is extremely interesting and very convincing, but one cannot help feeling that perhaps it advertises too much the cigarette. It is well worth reading, and should be carefully studied and considered by all fair-minded. Fanatics will gain little help from it.

THE Werner Company of Akron, Ill., near Chicago, announce that they have obtained the exclusive rights, both in this country and England, to publish the new work of Dr. Schenck or Schenk on "The Determination of Sex." While this work will undoubtedly be of a sensational character, as it has been widely heralded in the daily press, still it will be eagerly read by the medical profession as a curiosity. The price is $1.50.

THE Baltimore University School of Medicine publishes a very creditable little quarterly called *The Medical Gleaner* in order to record the doings of that medical school and the work of its hospital. One number contains a very striking likeness of Dr. Sellman.

REPRINTS, ETC., RECEIVED.

Annual Report of the Health Department of Baltimore for 1897.

The Surgical Treatment of Hemorrhoids. By H. O. Marcy, A.M., M.D., LL.D. Reprint from the *American Journal of Obstetrics.*

Apparatus for Sterilizing Instruments with Formaldehyde; Experimental Tests. By H. O. Reik, M.D., and W. T. Watson, M.D. Reprint from the *Johns Hopkins Hospital Bulletin.*

Current Editorial Comment.

FEE BILLS.

Cleveland Medical Gazette.

SOME doctors do not believe in having a regular schedule of fees, and others think it useless to adopt a fee bill, because certain practitioners will be sure to cut prices anyway. The same differences of opinion appear when the matter is discussed in medical societies, and some societies have, after discussing the matter, failed to adopt a fee bill.

MEDICAL EDUCATION.

Medicine and Surgery.

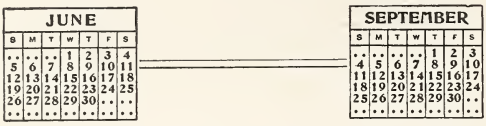
A FEW centuries ago students of diligence and talent might master all the branches of human knowledge. At the present time it is not possible for one to become equally informed in all the departments of his own profession. The practiced surgeon can scarcely be an adept in physiological chemistry, and he who devotes days and nights to the study of bacteriology can hardly be at the same time a proficient in clinical work. Every specialty of practice, every field of laboratory work, contains enough material for the labors of a lifetime. Each man, consequently, must at some juncture be driven by his own tastes or circumstances to make a choice, to select some special branch to which he shall devote most of his time, study and ability. He must learn to content himself with an unequal knowledge.

THE DISCOVERY OF AMERICA.

Medical Age.

THE Spaniards are probably asking themselves what on earth possessed Christopher Columbus that on an evil day he should have discovered America. Now that everything Spanish is to be reprobated, it is satisfactory to find that while Columbus actually discovered the Western Continent, the existence of it and the way of reaching it were suggested to him by a Florentine doctor named Paolo Toscanelli. The truth seems to be, according to Professor De Lollis, that Columbus placed himself in communication with Toscanelli in 1479, and that Toscanelli provided Columbus with a map which guided the discoverer in his voyage. Columbus, in his log of the ship, admits the service that Toscanelli performed. The Florentines are about to celebrate the part Dr. Toscanelli performed in the discovery of the Western Continent.

Medical Meetings.



The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

August.

AMERICAN CLIMATOLOGICAL ASSOCIATION. Bethlehem, N. H., August 31, September 1. GUY HINSDALE, Philadelphia, Pa., Secretary.

September.

ARMY AND NAVY MEDICAL ASSOCIATION. Springfield, Ill., September 27. E. P. BARTLETT, Secretary, Springfield, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Buffalo, N. Y., September 13-15. JOHN GERIN, Secretary, Auburn, N. Y.

MISSOURI VALLEY MEDICAL SOCIETY. Council Bluffs, Iowa, September 15. DONALD MACRAE, JR., Secretary, Council Bluffs, Iowa.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Pittsburg, Pa., September 20-22. W. W. POTTER, Secretary, Buffalo, N. Y.

State Societies.

June.

MAINE MEDICAL ASSOCIATION. Annual meeting at Portland, June 1, 2 and 3, 1898. W. K. OAKES, M. D., President, Auburn, Me. CHAS. D. SMITH, M. D., Secretary, 126 Free Street, Portland, Me.

RHODE ISLAND MEDICAL SOCIETY. Annual meeting at Providence, June 2, 1898. WILLIAM A. GORTON, M. D., President, Providence, R. I. FRANK L. DAY, M. D., Secretary, Providence, R.I.

THE MASSACHUSETTS MEDICAL SOCIETY. Annual meeting at Boston, June 7 and 8, 1898. H P. WOLCOTT, M. D., President, Cambridge, Mass F. W. GOSS, M. D., Secretary, Roxbury, Mass.

MEDICAL SOCIETY OF DELAWARE. Annual meeting at Wilmington, June 14, 1898. P. W. TOMLINSON, M. D., President, Wilmington, Del. FRANK BELVILLE, M. D., Secretary, Delaware City, Del.

MINNESOTA STATE MEDICAL SOCIETY. Annual meeting at Mankato, June 16, 17 and 18, 1898. W. D. FLINN, M. D., President, Redwood Falls, Minn. I. DONNELLY, M. D., Secretary, St. Paul, Minn.

MEDICAL SOCIETY OF NEW JERSEY. Annual meeting at Asbury Park, June 21, 1898. D. C. ENGLISH, M. D., President, New Brunswick, N. J. WILLIAM J. CHANDLER, M. D., Secretary, South Orange, N. J.

August.

MEDICAL SOCIETY OF VIRGINIA. Annual meeting at Virginia Beach, August 30. LANDON B. EDWARDS, M.D., Richmond, Va., Secretary.

September.

IDAHO STATE MEDICAL SOCIETY. Moscow, Idaho, September 6. EDW. E. MAXEY, Secretary, Caldwell.

(*Continued on page* xvi.)

MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

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Original Articles.

HERNIA OF THE OVARY, WITH A REPORT OF TWO CASES CURED BY LAPAROTOMY.

By B. Bernard Browne, M.D.,

Professor of Gynecology in the Woman's Medical College of Baltimore, Gynecologist to the Good Samaritan Hospital, etc.

READ BEFORE THE AMERICAN GYNECOLOGICAL SOCIETY, AT BOSTON, MAY 24, 1898.

THE ovary, from the time of its intra-uterine or fetal development in the lumbar region, and during its downward passage into the pelvis, is liable to displacement from arrest of development or peritoneal inflammation, which frequently attacks the fetus *in utero* and produces adhesions between the various abdominal viscera.[34] Up to the second month of intra-uterine, or fetal life, there is no distinction between the male and female organs of generation. At this time, however, changes take place by which the character of the sex is established, and in consequence of which a divergence occurs in the direction in which the respective genital glands are carried.

Nature's works are nicely balanced, but if an arrest of development or a slip on the part of the ovary should occur, it is liable to be drawn by the round ligament into the now patulous canal of Nuck. From its loose attachment to the broad ligament and uterus, the ovary is easily affected by the movements and displacements of the pelvic organs, whether caused by physiological or pathological conditions. Besides, its position is readily influenced by the periodic changes which are constantly taking place within it, and by the many diseases to which it is liable. Its upward displacement may be congenital, as before stated, or it may be acquired, as when carried upwards by the pregnant uterus or by some abnormal condition of surrounding organs.

Intra-pelvic displacement of the ovary is generally downward and backward, or laterally it is usually embraced in the term "prolapse of the ovary," and has been treated in a very exhaustive way by our president, Dr. Paul F. Mundé, *Transactions of the American Gynecological Society, Vol. IV*, 1879.

Extra-pelvic displacements, or herniae of the ovary, which we will now consider, may occur at any of the hernial openings, to which, however, they are not limited. It may be a hernia of the ovary itself, or it may be accompanied by intestine omentum, Fallopian tube, cornu of the uterus or even the bladder.[32] Besides, the ovary may drop into the infundibulum of the inverted uterus,[16] or accompany a hernia of the pregnant uterus (hysterocele). Both of these latter conditions, though extremely interesting, are outside of the scope of this paper.

There are at least eight channels by which the ovary may become herniated. They are:

1. Inguinal.	Aue[1], Bessiere[4], Baum[3], Balleray[2], Chambers[6], Cousins[8], Deneux[11], DeGouey[10], Haller[14], Pott[29], Meadows[24], Krug[19 1-2], Soranus[36]	Hamilton[15], Smith Heywood[35], Seymour[33], Werth[39], Coote Holmes[18], Leopold[21], Parker[27]
2. Crural.	McCluer[23], Deneux[11]	
3. Ischiatic.	Camper[5], Papin[26], Routier[32 1-2]	

4. Umbilical. { Camper[5] / Deneux[11]
5. Ventral. { Englisch[12] / Puech[31]
6. Vaginal or Labial. { Cousins[8] / Parsons[28] / Forgas[13]
7. Obturator—Kiwisch[19]
8. Anal—Tedford[38]

In the cases of Chambers, Cousins, Meadows, McCluer, Seymour, Werth and Leopold the ovaries were examined microscopically.

HISTORY OF HERNIA OF THE OVARY.

Soranus of Ephesus was the first author to mention hernia of the ovary in his treatise on diseases of women, which he wrote about 118 A. D., fragments of which were published by Adrian Turnebus under the title of "De Utero et Muliebri Pudendo Libellus." In this he describes a case in which the intestines had protruded through the inguinal canal into the labia, having been drawn down by the ovary, which had preceded them and become adherent.

In 1625 Verdier[38] described a similar condition. In 1716 De Gouey[10] described a case of inguinal ovarian hernia on the right side, upon which he operated in 1706, removing the ovary and a sac containing a fetus of about four months' development. In 1750 Haller[14] related a case of inguinal hernia of the ovary, and Papin[26] one of sciatic hernia, in which he performed a laparotomy. On opening the abdomen he found almost no intestines in it, as they had prolapsed down into the hernial sac, which had passed through the sacro-sciatic notch. The uterus also was drawn into the mouth of the hernial sac, while the right ovary, which was diseased, lay with its Fallopian tube inside the sac.

In 1756 Percival Pott[29] removed both ovaries from a woman aged twenty-three. She was taken into St. Bartholomew's Hospital, on account of two small swellings, one in each groin, which for some months had been so painful that she could not do her work as servant. The tumors were perfectly free from inflammation, were soft, unequal in their surface, very movable, and lay just on the outside of the tendinous opening in each of the oblique muscles, through which they seemed to have passed. The woman was in full health, large-breasted, stout and menstruated regularly. She had no complaint but what arose from the uneasiness these tumors gave her, when she stooped or moved so as to press them. Her physician had bled and purged her, and had made all possible effort to return the parts through the openings by which they had passed out. He found all his attempts fruitless. After she entered the hospital further attempts at reduction were made, but with no success. It was then determined to remove the tumors.

The ordinary incision was made, and a fine membranous bag came into view, in which was a body so exactly resembling a human ovary that it was impossible to take it for anything else; a ligature was placed around it close to the tendon, and it was cut off. The same operation was done on the other side, and the appearance both at the time of operating and in the examination of the parts removed was exactly the same. She enjoyed good health after the operation, her breasts became smaller and she did not menstruate.

In 1759 Camper[5] operated on an inguinal hernia, in the sac of which he found the ovary alone.

In 1813 L. C. Deneux[11] wrote an interesting paper on "Recherches sur la Hernie de l'Ovaire," in which he collected all the cases that had been reported up to that time.

Deneux relates the following case: A pluripara, four and a-half months' pregnant, sustained a fall on her knees and belly. She felt a dragging in the pelvis and right iliac fossa augmented by the movements of the fetus. The suffering continued with varying severity throughout the natural time of gestation, becoming unbearable at the last. During the labor it was especially severe. A tumor was found at the inner edge of the left crural arch, irreducible, very tender. On the seventh day after delivery the pain had become intolerable, therefore operation for hernia was performed. A hydatid was found, and behind it an ovary. The cyst and ovary were cut off. The suffering was relieved, and the patient recovered.

Deneux says: The canal of Nuck, not often seen in nature, may be produced artificially. He produced its simulacrum by pulling on the round ligament below

the ring. The peritoneum is thus drawn out into a canal. Into such a canal he was able to push an ovary in a new-born child. In adults, the canal may have remained open. Anteversion of the uterus, especially when there is obliquity or inclination of one angle of its fundus, will favor hernia in the adult. Cæsar Hawkins[17] corroborates this statement, and says that the round ligament more frequently determines the protrusion of the ovary in the groin rather than at the femoral ring.

In 1861 Dr. Meadows[24] reported a case in which he removed the right ovary from an inguinal hernia. The woman was about twenty-two years old. The complaint was that at each menstrual period the lump became greatly enlarged, the neighboring parts swollen and the whole excessively painful, so painful, indeed, as to render her unfit for any employment. In cutting down upon the sac he found it to contain the ovary and a rather dilated Fallopian tube, the ovary was removed, the tube returned into the abdominal cavity, the pedicle which passed through the inner abdominal ring was ligatured and secured in the wound. Menstruation became normal after the second period. Upon examination it was found that the ovary had undergone considerable degeneration.

In 1871 Englisch[12] of Vienna published some important observations upon the subject of hernia of the ovary.

Of the thirty-eight cases which he had collected up to that time, twenty-seven were inguinal, nine were femoral, one was sciatic and one obturator.

In one-third of the cases of inguinal ovarian hernia the displacement was on both sides, in seventeen it was congenital, in these it was inguinal, and all the cases of double hernia were inguinal. From these facts Englisch concludes that congenital hernia of the ovary arises from an abnormal descent of the ovary analogous to the normal descent of the testes in the male. Those cases of ovarian hernia that come on at a later period of life must be accounted for by some such conditions as excessive length of the ovarian ligament, bending forward of the uterus, too great an inclination forward of the pelvis or the drawing down of the ovary along with the hernial sac. In congenital hernia the ovary and tube are generally present, while the acquired generally contains the ovary alone. The uterine end of the tube has been found obliterated in most of the cases that have been examined. In fifteen cases the ovary was normal, in seventeen inflamed, in five cystic degeneration had taken place, and one had become cancerous. In five cases the hernial sac contained intestine. Of fifteen congenital cases, thirteen were irreducible. Of fifteen acquired cases, twelve were reducible.

The symptoms during menstruation are very striking, and afford important aid in the diagnosis. Previous to its occurrence there is pain in the hernia, increase in bulk, sometimes vomiting, thus simulating strangulated hernia of the intestine. In one case in which pregnancy occurred, the changes in the hernia at the menstrual periods were arrested during this condition. Even in omental or intestinal hernia the period of strangulation often coincides with that of menstruation, and the congestion which the ovary and peritoneum undergoes may give rise to the phenomena of incarceration. The inflammation of ovarian hernia may be traumatic or may accompany menstruation.

When an ovary that has undergone cystic degeneration becomes gangrenous, it may readily be confounded with gangrenous intestine. In inflammation of an ovarian hernia the abdomen is usually less distended and the countenance less anxious than in ordinary strangulated hernia. When an ovarian hernia suppurates, the abscess very rarely bursts into the abdomen. When there is strangulated intestine, at the same time with the ovary, in the hernia, the symptoms are increased in severity.

In 1873 Albert Puech[30] of Paris wrote an interesting monogram on "The Ovaries and Their Anomalies," following up the work of Deneux (1813) on that part of the subject relating to hernia of the ovaries. In 1878-1879 he published in *Annales de Gynécologie* of Paris an article on "Nouvelles Recherches sur les Hernies de l'Ovaire."[31] In this he collected a large number of recorded cases, and esti-

mates the relative frequency of the several varieties. For the most frequent form he finds to be the inguinal variety, of which he records eighty-six cases. It is five times as common as the crural form, and at least four times as frequent as all other varieties put together. In newborn children it is the only kind of ovarian hernia met with. This relative frequency, so different from the case of intestinal hernia, is to be connected with the fact that the condition of ovarian hernia is in the majority of cases not an accident or malady, but a fault of development, according to which the ovaries tend to follow the course taken by the testicles in the other sex. Up to 1878 he records eighty-six cases of inguinal ovarian hernia, fourteen cases of crural ovarian hernia, two cases of ischiatic ovarian hernia, three cases of abdominal (result of abscess or Cesarean op.), and one obturator (Kiwisch).

In fifty-four of these eighty-six inguinal hernias there appeared to be no doubt that the hernia was congenital. In sixteen it was undoubtedly accidental or acquired, and in sixteen it was doubtful. The author considers that the ovary in the cases of congenital hernia has been drawn down by the fibers of the round ligament, as the testicle is by the gubernaculum testis, but he thinks the process is not so much a true muscular contraction as a shortening of the fibers, analogous to the contraction of newly-formed cellular tissue. In no less than thirty-four of the eighty-six cases the anomaly was associated with some other malformation of the genital organs. Four times there was a uterus unicornis or bi-cornis, sixteen times absence or rudimentary development of the uterus, and fourteen times feminine hermaphroditism. There were twenty-eight examples of double inguinal hernia, in eight only of which the genital organs were in other respects normally formed. In congenital hernia the ovary is found to be invariably accompanied by the Fallopian tube, while in the accidental hernia it is more frequently isolated. In six cases the hernial sac was found to contain also the uterus or one of its horns, in three intestine, and in two omentum.

A typical example of the condition of double inguinal hernia of the ovary associated with rudimentary development of the ducts of Müller is found in a case recorded by Werth[39] of Kiel (*Archiv für Gynecologie*, XII, p. 132, 1877). The patient, twenty-two years old, was admitted into the hospital at Kiel in October, 1876. She had an angular curvature of the cervical vertebrae, resulting from a blow received at the age of twelve. The menses had never appeared, but every four weeks she had pains in the abdomen, accompanied by pains in her legs. An atresia of the vagina had been discovered about nine months before. The osseous system was found to be fully developed, the voice feminine, but somewhat harsh, the breasts small and flat; the pelvis has preserved its infantile character. The external genital organs were normally formed, but the vagina was only represented by a depression 5 m.m. in depth. No trace of uterus could be discovered between sound in the bladder and finger in the rectum. On conjoint examination under chloroform, with the finger in the rectum, a body could be reached on each side, which was recognized as the kidney, but no trace of uterus or its annexes could be discovered, except two small bodies at each side of the pelvis, whose nature could not be precisely determined.

At the time of the outset of periodical pains, referable to the menstrual molimen, attention was attracted to a body as large as a pigeon's egg in the situation of the inguinal canal at each side. These bodies resembled testicles in consistence and sensibility, and pressure upon them produced pain radiating to the kidneys and epigastrium. After the cessation of the periodical pains, the tumors appeared to be smaller and their surface smoother. They had been first noticed by the patient at the age of fourteen, the period at which the pains in this region first appeared. The tumors were successfully removed on February 2, 1877, and proved to be the ovaries. The hernial sac contained also the pavilions of the Fallopian tube, and a pedicle, which appeared to be the extremity of the horn of a rudimentary uterus bicornis. These pedicles were tied with carbolized gut. The ova-

ries had an irregular surface, covered with scars; they contained many Graafian follicles, but less than are usual at such an age. The left ovary contained a recent corpus luteum, 6 m.m. in diameter; the largest follicle was 11 m.m. in diameter, and contained an ovum. For a few days after the operation the patient had violent pains resembling those previously felt, but there was no febrile disturbance and she soon left the hospital well.

Accidental or acquired hernia of the ovary is almost always unilateral, and more frequent on the right than on the left side.

It is generally due to muscular strain, and it most readily arises after delivery, when an intestinal or omental hernia has existed previously. Of the fourteen cases of crural hernia recorded, it was acquired in all except one, which was a newborn child, reported by Cloquet, in which a hernial sac, on the right side, contained the uterus with the ovaries and Fallopian tube. The ovary in its abnormal situation is exposed to frequent lesions. Inflammation was noted in twenty-eight instances, cystic degeneration in seven, cancer in two and tubercle in one. In one instance a cystic tumor of a displaced ovary of eighteen months' growth was successfully removed by Lücke.

In February, 1874, Dr. Benjamin McCluer[23] of Dubuque, Iowa, reported in the *American Journal of Obstetrics* the first case (so far as I have been able to find) that was ever diagnosed or operated upon in America. The patient was thirty-eight years old, eighteen years married, had never been pregnant, but had suffered a great deal from dysmenorrhea. Had noticed a lump nearly as large as a hen egg in her left groin for about eight years. Until two years before it had never given her pain or annoyance, but suddenly became exceedingly painful during a menstrual period, and continued to become enlarged and painful at each subsequent menstruation. The tumor was removed on August 23, 1873, the incision being made parallel with and about three-fourths of an inch below Poupart's ligament. The pedicle was tied and the ovary removed. It was sent to Dr. B. F. Dawson, editor of the *American Journal of Obstetrics*. By him it was given over to Dr. Paul F. Mundé for microscopical examination, who pronounced it to be an "ovary degenerated by cystic disease."

In some cases in which hernia of the ovary has been diagnosed, and in which the individual had the outward appearances of a female, the glands, when removed and examined microscopically, were pronounced to be testicles, and not ovaries.

The two typical cases of this character are: 1st. The one of Dr. Chambers[6] of London, which is reported in the London Obstetrical Society's Transactions for 1879. Emily D., a housemaid, had observed swellings in the groins as long as she could remember. When she was twelve years of age they gave her pain, and could not be reduced. A double truss was ordered for her, which she wore for a short time only. She was admitted into the Chelsea Hospital at the age of twenty-four, having never menstruated. She was tall, five feet nine inches high, having a well-developed female bust, and was rather good-looking. Her voice was feminine, though not musical; the breasts were above the average size, but the nipples were absent, the site being marked by a small rose-colored spot. An oblong body was felt in each groin, very movable, the right measuring $3 \times 2\frac{1}{2}$ inches, the left $2 \times 1\frac{1}{2}$ inches. They were tender, but she had no periodic pains in them. Hair was absent from the pubes, the labia majora were small, the clitoris small, but well formed, while the nymphae were rudimental. The vagina was a smooth cone-shaped opening about an inch in length, having its cone directed upwards behind the pubes, terminating in a cul-de-sac. At the roof of this cul-de-sac was a triangular opening large enough to admit the end of the index finger. This opening performed the office of meatus urinarius; its orifice was irregular and granular. Careful examination, under chloroform, bimanual and per rectum failed to find any trace of uterus or ovaries. A catheter in the bladder and two fingers in the rectum failed to find any intervening viscus. The examination was carefully repeated by four individuals, all of whom failed to detect

either uterus or ovaries within the pelvis, which was large and well formed on a female type. The patient had never experienced any sexual desire as far as she could understand the subject, though she had a male friend to whom she was much attached.

She was supposed to be the subject of hernia of both ovaries, complicated with absence of the uterus. While making the above examination the left ovary or tumor suddenly disappeared through a small annular opening. This was an interesting and suggestive fact, as on three occasions, without chloroform, careful but unsuccessful attempts had been made to return the tumors. The tumor reappeared on the second day. On 26th March the tumors were removed, and on the 30th of April she left the hospital cured. Since the operation the left breast had almost disappeared.

The glands, after their removal, were presented, with the report of the case, to the London Obstetrical Society, and at Dr. Chambers's request were referred to Dr. John Williams and Dr. Gallatin for examination. They reported that the microscope proved them to be testicles, the glandular structure of which had never undergone its normal development.

In the discussion of the case Dr. Routh remarked that the absence of sexual desire was to be noted, for generally in cases in which the testicle was retained in the inguinal canal the opposite was usually found, and the individuals were sexually very sensitive. In some cases of rudimentary vagina which he had seen, sexual feelings were very strong. One lady had come to him to have her vagina enlarged on this account.

Dr. Bland Sutton[36½] reports the following case: During 1895 a woman, aged forty-seven, was admitted into the Infirmary, New Castle-on-Tyne, under the care of Dr. Arnison, on account of an irreducible right inguinal hernia. When the sac was opened a body supposed to be an ovary was removed, but when examined microscopically it was found to be a testicle. The external genitals were typically female, and a rounded body was detected in the left inguinal region. The mammae were rudimentary, and like those of a boy. The hair on the scalp was long, the face hairless, the voice feminine, and menstruation absent. She had sexual regards for the male, and once had a lover; but as she had never menstruated, she regarded herself as non-nubile. I had an opportunity of examining this individual, and of investigating sections of the testes.

(To be continued.)

NIGHT TERRORS IN CHILDREN, WITH REPORT OF A CASE.

By George C. Clark, M.D.
of Washington, D. C.

READ AT THE MAY MEETING OF THE WASHINGTON MEDICAL AND SURGICAL SOCIETY.

NIGHT terrors, or pavor nocturnus, is a disease of childhood occurring most frequently between the ages of three and six years, yet they may occur earlier, and sometimes continue up to the age of puberty. The attack, if only one occurs during the night, usually comes on early, one or two hours after retiring. If they have more than one attack during the night, which is rare, the subsequent ones may come on at any time during the remainder of the night.

An hour or two after going to bed the patient will awaken the other occupants of the house with a shriek, and will be found sitting up in his bed or perhaps standing in some part of the room, trembling with terror or wringing and twisting the arms and hands. When they utter any intelligible words they are generally "mama" or the name of the nurse, and when spoken to by that person the child evidently does not understand or know the person, and it is usually a very difficult task to bring them to their senses. After several minutes, or possibly an hour or so, they gradually come to themselves, can give no idea of what frightened them, will probably deny any knowledge of having had any trouble, will go or wish to be put to bed, and fall into a sound sleep from which, probably, they will not awaken until morning.

These attacks will occur perhaps every night, every few nights or at intervals of

a month or so, depending somewhat upon the exciting cause. The peculiarities of this trouble as distinguished from dreams and some of the other disorders of sleep are that it is always a "terror," and never anything of an agreeable character; also, that there is complete forgetfulness of the attack the next day, and all that has happened during the attack.

The subjects of this affection are, as a rule, of a delicate, anemic and often rachitic constitution, never hearty and robust (although there are, at least, apparent exceptions to this rule), and quite frequently, according to Steiner, show other signs of nervous irritability.

By a knowledge of the physiological functions of the brain we know that this, as well as all allied affections, sonambulism, dreams and nightmare, result from a suspension of the higher cerebral functions and a predominance of some of the lower ones. The higher cerebral functions, when awake, maintain a kind of inhibitory influence over the lower ones, and when the higher cerebral functions are one by one suspended in the act of going to sleep until that stage is reached where they no longer exert a restraining action upon the lower functions of the brain, the lower functions are then exalted into unusual activity by the exciting cause, whatever it may be, such as disorders of digestion, worms or fever from any cause, and they run riot until they apparently have spent their force, just as in epilepsy, to which this disease is closely allied, as claimed by some writers upon these subjects.

I should like to report a case which has been under my care for some time past, and which, while not differing in any of its features from the general description which I have given of night terrors, yet on account of the family history has been of considerable interest to me. A. E., a white boy, eight years of age, always has an anemic appearance, and suffers very much from intestinal indigestion. He has been having "night terrors" ever since he was able to walk. The spells come on about an hour after going to bed, and the family is awakened by his shrieking "mamma." They find him sitting up in bed or some place in the room standing or sitting, his countenance the picture of distress, and generally wringing his hands and twisting his arms. All efforts to awaken him are of no avail until such a time as when the attack seems to have run its course or spent its force, when consciousness will return and he is ready to be put to bed again and the next morning has no recollection of what has happened the night before. The difficulty in bringing him to consciousness has only extended back about two years; previous to that time he could be awakened during the attacks.

This boy has a brother two years his senior, who has always been a sleep-walker, but he never suffered from the "terrors." He is more healthy in appearance than the younger brother, but suffers with intestinal pains, and his sleep-walking is worse at these times. The father of these boys has been a somnambulist all his life He is a picture of robust health and physical manhood, but has been an extremely hard-working man, and subjected himself to many hardships and exposures, from which he is now beginning to suffer.

During the attacks he will stand up in bed with his hands up to the ceiling to keep it from falling in upon him. On one occasion he dived over the railing at the top of the stairs and landed on the top of his head at the foot of the stairs, almost breaking his neck, imagining that he was on a steamboat which was on fire; when the fire began to scorch him he made a dive, thinking he was going into the water. On another occasion he was sleeping on a railroad bridge, being employed there on night duty, and in his somnambulistic state he imagined that it was necessary to escape from some object to save his life, and he went over the side of the bridge and would have been hurt badly or possibly killed, but fortunately he landed among the telegraph wires which ran along the side of the bridge, and this awakened him and he was taken down without harm. These are a few of the many similar acts of this man while in this state.

But to return to the family history. The mother is of a nervous temperament, and has been known to walk in her sleep.

A half-sister of the subject of this article, daughter of the mother by a former husband, is also quite nervous, even hysterical.

As to etiology, it seems to me that the "terrors" in the boy's case is the expression of a condition of nervous irritability, the result of inheritance, and that the exciting causes may be many, viz., indigestion, which is the most frequent, pains from any cause, fevers, etc.

As to treatment, I learned that he was in the habit of eating before retiring, and usually articles of the most indigestible type. After ordering this practice to cease, regulating the diet and giving him some of the bromides, he ceased to have any further trouble except on two occasions, once when he had toothache, and again during a mild febrile attack.

APPENDICITIS—A POSSIBLE CAUSE—THE USE OF THE LIGATURE—IS IT NECESSARY?

By Wm. T. Oppenhimer, M.D.,
President of City Board of Health, Richmond, Va.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, MAY 24, 1898.

THE subject for the evening's discussion, as announced in the notices, was appendicitis. I do not wish to take in such a vast subject, only to confine myself to the cause, the results of inflammation and certain procedures for relief. I have often been twitted for pressing the theory that so many diseases were due to the accumulation of gas in the intestinal canal. Possibly 50 per cent. of all cases of sickness is due to some irregularity, imprudence or defect in digestion. The question is asked, Why do we hear more of appendicitis now than formerly? I would answer that the disease was not so well known, and that possibly as much existed then as now, but under different names, e. g., many cases formerly diagnosed as peritonitis were fulminant appendicitis. But, nevertheless, I claim the disease is more frequent now. Possibly the cause may lie in improper food. Bread is the most common food, and the common baking powder used has caused more and different varieties of indigestion than formerly, probably affecting the digestive juices. I bring this out, although I have no statistics to prove it, for I believe that appendicitis is nothing more than indigestion in the appendix. Authorities on the subject refer to the blood vessels, sex, etc., when naming the causes. The point I wish to make is that it is the result always of an accumulation of gas; never of plugging of the artery or sloughing. I believe that the capillaries are so numerous that even with blocking of the artery collateral circulation is soon established.

In every case of appendicitis the patient is more or less dyspeptic. It may even be his first attack. The resulting gas accumulation is the cecum, the appendix becomes blown up and its orifice is blocked. In recurrent cases the orifice may be more and more narrowed with each succeeding attack, until it is finally occluded, the circulation is cut off entirely if the distance is great, and sloughing results.

In forcing gas into the cecum the appendix is more distended at its apex than elsewhere, and least at its orifice, because of the presence of circular muscular fibers. Constant pumping in of gas may result in partial closure only, and adhesions may form; but when there is complete closure, the fulminant variety is produced, and, going on, protective abscesses. This statement regarding closure in the fulminating form must be so, because where the appendix is filled with pus, if it were not entirely sealed there would be drainage into the cecum, and it would be recurrent. To attest my belief in it, I have performed appendicitis without using the ligature. Of course, in the recurrent form, where the operation is done between the attacks, the ligature should always be applied. The danger from it is that it might not be applied near enough to the cecum, leaving pus which may result in septicemia, peritonitis, etc. In safe hands, the operation is less dangerous without than with the ligature.

The points I have stated are altogether different from those heretofore brought forward, and I would like the gentlemen present to think of them.

Why do more men than women suffer from appendicitis? The reason given by an authority is that in the latter sex the appendicular circulation is reinforced by a branch from the ovarian artery. I contend that it is because the circular muscular fibers around the orifice of the appendix are stronger in the male, the tension is greater, and, therefore, closure is more likely. I do not deny that the circulation in women may supply more blood.

The points brought out have great bearing on the treatment, namely, food. Indigestion of all forms should have the closest attention, for the first seizure may bring on an attack of appendicitis.

Society Reports.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD MAY 24, 1898.

Dr. W. T. Oppenhimer read a paper on "Appendicitis—A Possible Cause—The Use of the Ligature—Is It Necesstry?" (See page 688).

Dr. Virginius Harrison said the statement of Dr. Oppenhimer that he did not think a mucous plug could cause appendicitis would be more true of gas. He had heard Dr. Deaver say that indigestion was from appendicitis, not the reverse. So far as the arterial supply is concerned, it would take some time for constriction to occur. In one operation for the disease he had found pus without occlusion, the reverse of Dr. Oppenhimer's experience. He had seen gas come into the cecum in the fulminating form. If the appendix be twisted in any way it would cut off its only supply. Most authorities hold that the opening is not obliterated except in a few cases, and he thought it preferable to run the risk of ligating than the consequences without it.

Dr. Ed. McGuire considered it exceedingly dangerous not to ligate. He said if there were a necrotic appendix, the ligature would keep up suppuration, or would cut through, exposing the patient to the risk of hemorrhage. No ligature should be put around the appendix, but the latter should be cut out of the cecum, which is then stitched as any other portion of the bowel that has been perforated. If there was an inflamed appendix, what harm could a ligature do? It would be buried and no trouble would result. Robinson says it is more frequent in men, because of the development and friction of the psoas against the appendix, but it is also frequently found in boys. In fact, he believed the fulminant form was more apt to be found in children.

Dr. H. S. MacLean said that Van Cott found endarteritis obliterans in twelve cases of appendicitis, and made the statement that the disease might occur from this condition, because the supply is a terminal one, and there is no anastomosis. The idea of distension by gas is a unique one, but repeated overdistension ought to produce a flabby appendix, and he had never seen one. Would not the thickening tend to overthrow this theory? Fowler always uses a purse-string suture inverting the stump and thereby avoiding that dangerous thing, a ligature around the appendix.

Dr. Hugh M. Taylor agreed with the last two speakers regarding the use of the ligature. Infection in the appendix affected the arteries, resulting in the obliteration of a poorly-nourished structure. Almost anything would produce this, as shortening of the already short mesocolon, angulation of the appendix, etc., producing diminishing resistance and a suitable soil for invasion.

Dr. Wm. S. Gordon said he had thought a great deal about the cause of appendicitis. Some time ago Dr. Hunter McGuire had made a diagnosis of the disease, because, as he said, he did not know what else could be the trouble. The patient was brought in a comatose condition. The appendix was not badly inflamed, but its removal was attended with almost instantaneous relief of the nervous symptoms. Is it an adenoid structure, as has been claimed, and being so, has it secreting power? If so, might it be supposed that with age it undergoes some retrograde change and becomes functionless? Children and youths are more liable to typhoid. We know the exciting cause, but what is the predisposing?

Dr. Jacob Michaux said he had not had

much experience in appendicitis, but in it several circumstances were in accord with Dr. Oppenhimer's point of view. In two cases he had found necrosis near the cecal end. In the first, the belly was distended with pus, and the appendix had sloughed off close to the intestine. In the second case, which was similar, the pain was always referred to the cardiac end of the stomach. There was tenderness over the appendix, but no pain except upon deep pressure. In the third case, which was evidently of long standing, the appendix was elongated, contained no pus, but was so thickened that the lumen was almost obliterated.

Dr. Ramon D. Garcin stated that of four cases of appendicitis occurring in his practice, three illustrated Dr. Oppenhimer's idea of the etiology. None required operation, and all three were due to indigestion. The most typical was that of a woman attacked with acute indigestion from eating raw peanuts, demonstrating the presence of gas.

Dr. Taylor remarked that this case showed indigestion to be the predisposing cause, but the distension operated by shutting off the blood supply.

Dr. J. S. Wellford said he would like to hear Dr. Oppenhimer's view as to the origination of the disease in some other portion of the intestinal tract and its extension to this less resistant organ. He could not see why an organ having such a limited function, if any, should produce such an enormous percentage of deaths, and thought the explanation was that more cases than supposed have peritonitis. He believed that one reason why it was less frequent in females was because it was confounded with pelvic cellulitis.

Dr. Oppenhimer, in closing, said the latest edition of the "American Textbook of Surgery" stated that the theory regarding the appendicular circulation was not proved. The proposition that he offered was not a theory, but an actual fact, proved by pumping air into the cecum, and the pain resulting may be in any part of the intestine, i. e., where pressure is greatest. This being so, why should it not be equally true of the appendix? In one case, in which he operated, as soon as the incision was made the appendix, which was inflated, sprang up like a bladder. The more the appendix was inflated the smaller became its orifice until at last it was closed completely. Gas could not go higher than the transverse colon, and the ileum would be distended more than the colon, because the latter has stronger coats. Each recurrent case is a partial closure, then there is a leaking backward of the gas, and recovery results, until an attack occurs in which there is complete occlusion and a fulminating attack is the consequence.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

EXECUTIVE SESSION.

REPORT OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Since its report submitted at the April, 1896, meeting, the Board of Medical Examiners has prosecuted its work in conformity with the law and in accordance with its interpretation of the statutory provision intended to give effectiveness to the regulation of medical practice.

The regular examinations have been held semi-annually, and during the past two years there have been 206 applicants for examination, of whom 125 received licenses to register as physician and surgeon and eighty-one failed to secure licenses. During the same period thirty-eight applied for special examinations, which, in the language of the law, is intended for and limited to "physicians and surgeons of good moral and professional standing who shall hereafter come into this State with intent to follow the practice of medicine and surgery." Of this number thirty-six were granted license to register and two were denied. In addition twelve applicants were denied examinations, as they could not comply with the law.

Since the organization of the Board of

Medical Examiners there has been published annually in the MARYLAND MEDICAL JOURNAL a summary of the results of the examinations. These reports, while concealing the personal identity of the applicant, revealed the college of his graduation and gave the rating he received in the various branches in which he was examined, as well as the average rating upon which the granting of license was determined. With this summary, and constituting a part of it, the questions submitted to the applicants at the regular spring examinations have always appeared. As the number of applicants examined in the autumn has been quite limited, and the publication of the questions would occupy two or more pages of valuable space, they were not published.

It was thought that those submitted at the spring examinations would sufficiently present to the Faculty the character and scope of the examinations and likewise furnish the necessary basis for criticism or suggestion.

It is unnecessary, and it would perhaps be inappropriate, on this occasion to speak of the reasons for a law regulating the practice of medicine. It is permissible, however, for the Board of Medical Examiners, with a knowledge gained in the performance of its duties, with no material or personal interests to serve, to express its conviction that the efforts of this Faculty in securing legislation to guard the entrance to the profession have been in the line of its advancement and elevation and in full accord with the earnest efforts of the truly professional men in a large majority of the States of the Union and indeed throughout the world.

The practical operation of the law reveals its defects as well as its merits.

Chapter 296 of the Acts of 1892 provided for the creation of the Board of Examiners and specifically named the branches of study in which applicants should be examined. Some of these branches can be properly termed non-essential, are not taught in many medical colleges, and, in the opinion of the Board, could be omitted without detriment. The Board has, however, considered this fact and has estimated the papers thereon more as an index of the general intelligence than of knowledge of the special subject and has rated accordingly.

Some answers indicated a mental condition showing great lack of the preliminary education, which is one of the fundamental features of the law. Medical jurisprudence, hygiene and gynecology are the subjects to which we make this particular reference, and the discussion at the special meeting in December indicated that the Faculty was in sympathy with the Board upon this subject.

While the secretary is directed "To inquire into all violations of law, * * * and to institute all proceedings or prosecutions thereof," it is apparent to the most casual observer that however vigorous and earnest, neither he nor anyone can conduct a successful prosecution unless informed of the facts necessary to make out a case. This information can only come from those possessed of it, and if your knowledge of the facts of illegal practice is withheld, do not, in justice to others, censure any but yourselves if offenders go unwhipped of justice. The secretary has many letters announcing that Dr. Blank is practicing illegally at Blank without presenting a fact upon which to proceed, and hampering him with the closing injunction, "Do not, in these proceedings, mention my name."

With only a general declaration, without the details of a case or time of professional service, with regular physicians certifying that applicants for "permits to practice" were legal practitioners prior to 1892, even though not possessed of a diploma; with members of this Faculty appearing in the courthouse throwing the moral support of their presence to the cause of the defendant; with other physicians upon the witness stand swearing themselves to be the preceptor of the defendant, thereby giving him in the eye of the sympathetic and friendly officers and jurors a way of escape through the laws, exemption of "persons temporarily practicing under the supervision of an actual medical preceptor"—we have thus submitted to you some of the difficulties encountered in enforcing the penalties of the law. They can, however, be easily remedied by the courageous co-operation of the individual members of the profes-

sion. Apprehending indifference from the Commonwealth's representatives by reason of resentments and local influences, special counsel has been employed, but with the adverse agencies above named we have won but little success in the performance of this vexatious and exceedingly disagreeable duty. These features, however, are incidental and subordinate.

The real test by which the value of this law is to be determined is the personal character and professional ability of the members of the Examining Board, the manner in which the examinations are held, the suitableness and scope of the questions propounded, whereby the fitness of the candidate is to be determined, and the fairness of the rating placed upon the answers submitted. In the discharge of its important duty the Board of Medical Examiners, conscious of the great power with which it has been entrusted, has felt the influence of but one purpose, and that was to do even-handed justice to the applicant for license to the profession and to the public, that the purposes of the law might be realized and the evils which brought it into existence be destroyed.

The Board claims no superiority to other men. With two exceptions its *personnel* is the same as selected six years ago, and in the prosecution of its duties was encouraged to believe that its work was in the main approved, as evidenced by vote of thanks to the secretary upon presentation of his report April 29, 1896; *vide* pp. 17, 18, "Transactions of 1896."

In the preparation of questions for examination, which are subjected to revision by the Board, it has been our unvarying effort to formulate inquiries free from the semblance of an attempt to entrap the unwary or inapt, such as would secure answers which would enable the Board to pass a correct judgment upon the applicant's qualification to practice his high and responsible calling upon a trustful and helpless public.

With the exception of some good-natured chaffing by a few of our observant brethren about some of our questions, and the more severe criticism of our supposed indifference to dishonorable practices, popularly termed "cheating," the progress of the work might be termed uneventful until the results of the May (1897) examination were announced. In view of the representations made that the confidence which the Board had heretofore reposed in the honor of those applying for examination had been misplaced, it was determined that the identification card, which each applicant returns to the secretary at the close of the examination, should embrace a signed statement that he had neither given nor received assistance during the examination. Every card was so signed, sealed and delivered. It may be well to state here that the Faculty may have full knowledge of every occurrence (and we go into these details only because of the widespread misunderstandings or misrepresentations about this examination, whereby the Board has, as we think, been subjected to unwarranted criticism), that this May (1897) examination was held in Hazazer's Hall, a room of ample size, and that a sufficient number of single desks had been provided for those whose applications had been received up to the evening previous to the meeting, and that had it not been for the extra and unexpected number of applicants filing their papers immediately before the examination there would have been enough single-desk room for all. The desks had been suitably placed and spaced by the janitor, under the direction of one of the resident members of the Board, in front of the platform, so as to be easily under the observation of the member conducting the examination. While the papers of the tardy applicants were being examined by the secretary the applicants at the hour appointed for the examination entered the hall *en masse*, and, moving the desks and chairs off to either side of the hall, huddled together under the galleries, the purpose of which was as apparent as the act.

Two futile requests that the chairs and desks be replaced as found, and a third request, fortified by the announcement that the examination would not begin until they were restored, and that the time so lost would be charged to the examination, secured some semblance of a restoration of the displacement.

The members of the Board, during their work of review, discovered numerous instances of violation of pledge, which were confirmed by comparison of papers. The proof of dishonor was ample and convincing. A grave question confronted the Board. Hitherto decisions rested solely upon attainments; here was injected an element of character which not only demanded action, but which so tainted the evidence that it was impossible to determine qualification.

Resting upon the conclusive proof afforded by inspection and comparison, the Board determined to do what it believed this Faculty, whose servants we are, would have us do. We cancelled the papers of everyone showing that the pledge of honor had been wilfully broken. Of the ninety-seven applicants for examination, thirty-seven were denied license because of failure to receive the requisite average rating, and thirteen failed to receive license because of cancellation of papers for the reasons named, so that at this examination the total number of failures were fifty, or more than one-half of the entire number.

As was expected when our course was determined, the announcement of the result was followed by emphatic denials, by demands for return of papers, by denunciations and by threats of legal processes. Convinced that it was right, determined that such practice should cease, and that, so far as it might be possible, the license of the Maryland Medical Examining Board should be a guarantee of honor as well as professional learning, your Board had no step to retrace and no act to undo. Those threatening the law were invited to the courthouse, where the full light of investigation would have played upon both, but in no instance was the threat executed. Under a chagrin which we trust was only temporarily misguided, not ungracious, some of the medical colleges of Baltimore formed an "association" and addressed the Board at length upon the various effects of this "wholesale rejection," as it was termed. Regretting as deeply as any, perhaps more bitterly, the necessity for its action, the Board explained and defended its course in a communication which became part of the proceedings of the special meeting of December 15, 1897. Of the controversy referred to the Board has no desire to speak, further than to say that in declining to accede to the request of this "association" of medical colleges to present to the colleges interested the evidence upon which our results were reached, we merely failed to perceive wherein the gentlemen of the committee possessed a superior judgment, or where they acquired a right to review our work.

We could no more recognize the right of this association than the "Association of American Medical Colleges," but to this Faculty we concede all right and all power. We are your servants, and to you we are responsible.

With no object whatever except to discharge our difficult and responsible duty according to our conception of the law, we have brought to it our best abilities, feeble though they may be. The accomplishment of the results contemplated by laws to regulate the practice of medicine does not rest solely with examining boards. They undoubtedly play a most important part, but full success in elevating the standard of medical education can only be attained when the individual members of the profession support the cause with their personal sympathy and influence.

We cannot close this report without expressing our sincere and grateful acknowledgments to the Faculty and its officers for the words and acts of sympathy and endorsement which we have received. Whatever of strength, of excellence, of advancement, there is to come to the profession must find its channel through this society, whose influence during 100 years of existence has been to make its members higher types of the educated professional gentlemen. May that influence so permeate its membership that now, and in the days to come, each and every one of us can truthfully say, in the language of the noble examplar whose kindly face graces these walls, "Whatever I have been, whatever I am, I owe to my profession, to its institutions, to its noble brotherhood."

All of which is respectfully submitted.

J. McP. Scott, Secretary.

MARYLAND

Medical Journal.

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BALTIMORE, JULY 2, 1898.

Water Filtration.

IN the *Health Magazine* for March, 1896, there is an article by Mr. Allen Hazen, of the Boston Society of Civil Engineers, on "Filtration as a Means of Securing Pure Water Supplies," which should convince any one of intelligence of the necessity of water filtration to obtain a pure supply for any community.

At the time when the city of Baltimore is agitating the necessity of pure water, and when the State Board of Health also brings up the same subject, there should be no political jobbery and stealing, and this whole problem should be left to the scientific men whose position as health officers shows their ability.

The first filters for public water supplies were constructed in London in 1839. This early system is described in Hazen's "Filtration of Public Water Supplies," published by John Wiley & Sons, New York. The most important recent example of water filtration in this country on any large scale was the construction of the plant at Lawrence, Mass. There were several towns situated on the Merrimac river which passed the drainage of one town on to the inhabitants of the next for consumption, the result being the constant presence of typhoid fever and diarrheal diseases. The details of this plant are too complicated to be recited here, but suffice it to say that large beds of sand and gravel were used, and the water was allowed first to deposit its sediment and then was slowly filtered through these gravel beds, which caused the impurities to be deposited on the gravel, and oxidation later removed much of the dangerous element. The filtration was intermittent, and the beds had to be cleaned alternately. The water when passed through these beds came out almost absolutely pure, and the decrease in the mortality and morbidity statistics showed the good effects of this system.

It is expensive at first, and, as the daily press of Baltimore has shown of late, authorities are not at union as to whether the improved water supply or improved sewage system plays the greatest part in removing disease. London has a filtration plant. Philadelphia has some filtered water. The water sources of Baltimore are gradually becoming more and more contaminated. One of the main reservoirs is a large lake, on which pleasure boats flit about, and on the edge of which a large settlement is situated, and yet the mayor of Baltimore was made to say recently in an interview, which he has not yet denied, that he did not know that boats were used on Lake Roland. This kind of intelligence will hardly give the city of Baltimore good drinking water.

The need of a filtration plant has been advocated in this JOURNAL for years, and it should be especially emphasized now, that the plans and proposed undertaking should not be put in the hands of ignorant city councilmen, but in the hands of an unpaid commission with instructions to employ only the best scientific aid, and then again will Baltimore, which is growing rapidly, regain the name of one of the best supplied with good drinking water cities in the world.

* * *

The Weather.

THE intense heat of summer has caused the usual large number of deaths among the poor children unable to battle against a combination of extreme heat and improper food. Physicians can aid this helpless class by recommending them for the free excursions, by obtaining for them free ice and milk, and by using that modern style of medication which pays more attention to the diet and uses few drugs.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending June 25, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	11
Phthisis Pulmonalis	2	15
Measles	36	3
Whooping Cough	2	2
Pseudo-Membranous Croup and Diphtheria.	26	6
Mumps	..	..
Scarlet Fever	12	3
Varioloid	..	..
Varicella	2	.
Typhoid Fever	3	1

There are no sanitary reports from the hostile ports.

Dr. Frank W. Brown, a leading physician of Greenville, N. C., is dead.

The outbreak of yellow fever at McHenry, Miss., is now under control.

The Texas Medical Association held a very successful meeting at Houston.

Dr. W. Guy Townsend has been appointed a sanitary inspector in Baltimore.

The American Pediatric Society will hold its meeting in 1899 at Deer Park, Maryland.

The hospital train which recently left Washington for the South is the first of its kind.

The New Jersey State Medical Society held its annual meeting at Asbury Park during the past week.

There have been several cases of measles in some of the soldiers' camps, but there is no serious illness there of any kind.

Dr. Adami of McGill University has refused a call to Cornell. He was called to the University-Bellevue College a year ago.

Dr. Charles M. Ellis is spoken of as the democratic candidate for Congress from his district. The selection would be a very wise one.

It is stated on good authority that the College of Physicians and Surgeons and the Baltimore College of Dental Surgery will consolidate.

The surgeons are not without danger in this war, as shown by the death of Dr. John Blair Gibbs, who was killed in a recent engagement in Cuba.

Dr. E. F. Cordell, who is editing the new edition of Quinan's "Annals," requests physicians to send prompt and full replies to his letter of inquiry.

The Maryland Pharmacists have put themselves on record as opposed to the tablet triturate. There are many objections to this form of medication, not the least of which is the combination of unstable compounds.

The trouble between Dr. Kelsey and the Post-Graduate Medical College and Hospital of New York has brought out facts which seem to show mismanagement on the part of that institution and a tendency to make as much as possible out of the free-bed system.

At the recent meeting of the American Academy of Medicine at Denver, the following were elected for the ensuing year: President, Dr. Edward Jackson of Denver, Col.; first vice-president, Dr. W. L. Estes of South Bethlehem, Pa.; second vice-president, Dr. J. T. Searcy of Tuscaloosa, Ala.; third vice-president, Dr. William Elmer of Trenton, N. J.; fourth vice-president, Dr. Robert Hall Babcock of Chicago; secretary and treasurer, Dr. Charles McIntire of Easton; assistant secretary, Dr. Walter L. Pyle of Philadelphia.

The Tri-State Medical Association of Western Maryland, West Virginia and Western Pennsylvania held a most successful meeting last week. Officers for the ensuing year were elected as follows: President, Dr. J. W. Johnson, Davis, W. Va.; first vice-president, Dr. W. J. Craigen, Cumberland; second vice-president, Dr. C. F. Doyle, Cumberland Valley, Pa.; third vice-president, Dr. K. Taylor, Slavesville, W. Va.; secretary, Dr. Percival Lantz, Alaska, W. Va.; corresponding secretary, F. W. Fochtman, Cumberland; treasurer, Dr. H. W. Hodgson, Cumberland.

The American Association for the Advancement of Science will meet in Boston in August, and it is said that it will take $10,000 to carry out the programme properly, and much of this will have to be raised by private subscription. This is unfortunate, as much of the money will undoubtedly be used for excursions and such forms of amusement, including eating and drinking, for which so much is unnecessary.

Washington Notes.

Proprietary medicines have been placed on the list of articles to be taxed for war revenue.

Dr. W. W. Godding, superintendent of the Government Hospital for the Insane, has appealed to Congress for better railway facilities.

Dr. George R. Sorrell has been appointed one of the resident staff of the Washington Asylum for a period of eight months, vice Dr. Wm. E. Whiston, resigned.

The District Commissioners have appointed Dr. H. J. Allen a member of the board of dental examiners for a term of five years, vice Dr. Garrett D. Hills, whose term has expired.

Patients at the Emergency Hospital who are able to pay for treatment will hereafter be charged from $10 to $15 per week. This price was fixed this week by Col. Henry F. Blount, acting president of the board of directors, and Commissioner Wight.

Major-General Miles has authorized recruiting officers, in the absence of a commissioned medical officer as contract surgeon, to employ a civilian physician to make the examination of recruits preceding enlistment required by army regulations, at a compensation of forty cents for each man thus examined.

There were 120 deaths in the District during the past week, of which fifty-eight were white persons and sixty-two colored. There were six fatal cases of typhoid fever, one of whooping-cough, one of measles, two of scarlet fever and seventeen of summer diarrheal diseases. There are forty-five cases of diphtheria and thirty-eight cases of scarlet fever in isolation.

Dr. Francis M. Furlong, late of the Emergency Hospital staff, of this city, and junior assistant physician at the Matteawan State Hospital, New York, who recently passed his examination before the Naval Board, received on June 17 a commission appointing him assistant surgeon in the United States Navy, with the rank of ensign. He has forwarded his oath of office, and expects to report for duty at once.

District Commissioners have addressed a letter to Senator Allison, requesting that there be inserted in the pending deficiency bill an item providing for an inspector in the District health office whose services may be given to the inspection of cows and dairy farms in the vicinity of Washington which supply milk in the District. The item which the commissioners desire inserted in the bill is as follows: One sanitary and food inspector, who shall act as inspector of live-stock and dairy farms, $1200; one veternary surgeon for all departments of the District government, $1200.

Book Reviews.

International Clinics: A Quarterly of Clinical Lectures. Edited by Judson Daland, M.D.; J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finlay, M.D., F.R.C.P. Volume I. Eighth series. 1898. Octavo, pp. xii-363. Philadelphia: J. B. Lippincott Co. 1898.

There is little that is new to be said about these regularly-recurring volumes of clinical lectures. They are good and bad. The present volume contains some very readable lectures and some rather of the text-book style, and to read such a work through would be like perusing the dictionary at one sitting, but the whole series kept on the shelf as a work of reference will certainly be of great help to the physician. These books seem to have found a place, and those lectures and articles which have some originality in them are well worth the trouble of reading.

Yellow Fever: Clinical Notes by Just Touatre, M.D. (Paris), former Physician-in-Chief of the French Society Hospital, New Orleans; Member of Board of Experts, Louisiana State Board of Health. Translated from the French by Charles Chassaignac, M.D., President New Orleans Polyclinic; Editor *New Orleans Medical and Surgical Journal*, etc. New Orleans: New Orleans Medical and Surgical Journal, Ltd. 1898.

While the discussion of this disease is always of interest, it is especially timely now that the American army is gathering in a region where yellow fever is so constantly present. While the work was written in French, it was written in America by a physician whose knowledge of French was more exact than that of English; at least such was the modest opinion of the author; but the translator, the gifted editor of the *New Orleans Medical and Surgical Journal*, has put it into English in a style which will be appreciated by all. In looking over this work it is seen to be one of personal experience, and what the author says is, therefore, of especial value, but he has made an omission which is naturally very striking; that is, no reference is made to Sternberg's exhaustive work and his

studies of the organism of the disease, while Sanarelli is given full credit for what he has done. The disease as it appears in children is most fully discussed. The treatment is exceedingly satisfactory and will be of great use to the physician who comes into close contact with the disease and needs no bacteriological examination to convince him of its identity, but wants real help in knowing how to treat the symptoms. The whole work bears the stamp of honest, careful, personal observation, and the chapters on symptomatology, diagnosis, prognosis and treatment are especially valuable. Many cases are cited, with their characteristic temperature charts. The work is a credit to the author, the translator and the publisher.

Weekly Health Reports (formerly Abstract of Sanitary Reports). Issued by the Supervising Surgeon-General Marine Hospital Service, under the National Quarantine Act of April 29, 1878, and the act granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service, approved February 15, 1893. Volume XII, Nos. 1 to 53. Washington: Government Printing Office. 1898.

Transactions of the Nineteenth Annual Meeting of the American Laryngological Association, held in the City of Washington, D. C., May 4, 5 and 6, 1897. New York: D. Appleton & Co. 1898.

Transactions of the American Pediatric Society. Ninth Session, held in Washington, D. C., May 4, 5 and 6, 1897. Edited by Floyd M. Crandall, M.D. Volume IX. Reprinted from *Archives of Pediatrics*. 1897.

REPRINTS, ETC., RECEIVED.

St. Agnes Sanitarium, Baltimore, Md.

Report of the Health Department of the City and County of San Francisco for 1897.

Rebekah Sanitarium. Private Hospital of Dr. Charles G. Cannaday at Roanoke, Va., 1897.

Trois Cas de Chirurgie du Larynx. By J. Pantaloni (de Marseille). Reprint from the *Archives Provinciales de Chirurgie.*

Beitrag zur Etiologie und Therapie der Polyarthritis rheumatica. Von Dr. Friedrich Kölbe in Wien. Reprint from the *Allgemeine Wiener Medizinische Zeitung.*

Current Editorial Comment.

MODERN MEDICINE.

Modern Medicine.

The most characteristic feature of the medicine of modern times is the disposition to rely less upon drugs and more upon regimen. Recognizing the fact that disease is almost universally, either directly or indirectly, the result of infractions of the laws of health through incorrect habits of life, the modern physician seeks to find the root of the malady with which he has to deal in the study of dietetic and other habits of his patient and to lay a foundation for recovery in the removal of the influences to which the malady owes its origin.

MEDICAL MEETINGS.

Boston Medical and Surgical Journal.

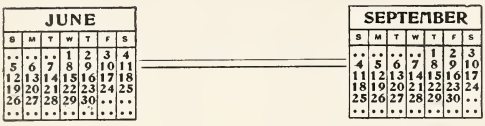
In general it would appear that the medical meeting is an institution which shows a marked tendency to increase. No sooner do we learn with a sense of inward gratification that this or that society has disbanded forever, than we hear that two others have sprung up in its place, representing, perhaps, opposing factions, which thereafter go on their own ways, each no doubt better because of its new rivalry. In this way medical societies, like medical journals, are forever multiplying, regardless of their real value to medical progress. Coincident with this actual increase is a growing tendency on the part of the members of such societies to bewail their multiplication.

THE DEADLY CIGARETTE.

Atlanta Medical and Surgical Journal.

The evils of the little cigarette have been told over and over again so often, and have been pictured so vividly under terrifying headlines in the lay press, that the public almost believes it to be capable of producing all diseases and instigating all crimes. It is thought to contain a large host of captivating and death-dealing poisons and to promote all inordinate and sinful affections. We believe that these ideas have existed and do now exist principally, if not entirely, among the uninformed, and we are pleased to see that there are not wanting capable men who are willing, for truth's sake, to say an honest word in the cigarette's defence. The chief charges against the cigarette have been that they contain harmful ingredients (other than tobacco), and that excessive indulgence causes insanity and other mental diseases.

Medical Meetings.



The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph. Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

August

AMERICAN CLIMATOLOGICAL ASSOCIATION. Bethlehem, N. H., August 31, September 1. GUY HINSDALE, Philadelphia, Pa., Secretary.

September.

ARMY AND NAVY MEDICAL ASSOCIATION. Springfield, Ill., September 27. E. P. BARTLETT, Secretary, Springfield, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Buffalo, N. Y., September 13-15. JOHN GERIN, Secretary, Auburn, N. Y.

MISSOURI VALLEY MEDICAL SOCIETY. Council Bluffs, Iowa, September 15. DONALD MACRAE, JR., Secretary, Council Bluffs, Iowa.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Pittsburg, Pa., September 20-22. W. W. POTTER, Secretary, Buffalo, N. Y.

State Societies.

June.

MAINE MEDICAL ASSOCIATION. Annual meeting at Portland, June 1, 2 and 3, 1898. W. K. OAKES, M. D., President, Auburn, Me. CHAS. D. SMITH, M. D., Secretary, 126 Free Street, Portland, Me.

RHODE ISLAND MEDICAL SOCIETY. Annual meeting at Providence, June 2, 1898. WILLIAM A. GORTON, M. D., President, Providence, R. I. FRANK L. DAY, M. D., Secretary, Providence, R.I.

THE MASSACHUSETTS MEDICAL SOCIETY. Annual meeting at Boston, June 7 and 8, 1898. H P. WOLCOTT, M. D., President, Cambridge, Mass F. W. GOSS, M. D., Secretary, Roxbury, Mass.

MEDICAL SOCIETY OF DELAWARE. Annual meeting at Wilmington, June 14, 1898. P. W. TOMLINSON, M. D., President. Wilmington, Del. FRANK BELVILLE, M. D., Secretary, Delaware City, Del.

MINNESOTA STATE MEDICAL SOCIETY. Annual meeting at Mankato, June 16, 17 and 18, 1898. W. D. FLINN, M. D., President. Redwood Falls, Minn. I. DONNELLY, M. D., Secretary, St. Paul, Minn.

MEDICAL SOCIETY OF NEW JERSEY. Annual meeting at Asbury Park, June 21, 1898. D. C. ENGLISH, M. D., President, New Brunswick, N. J. WILLIAM J. CHANDLER, M. D., Secretary, South Orange, N. J.

August.

MEDICAL SOCIETY OF VIRGINIA. Annual meeting at Virginia Beach, August 30. LANDON B. EDWARDS, M.D., Richmond, Va., Secretary.

September.

IDAHO STATE MEDICAL SOCIETY. Moscow. Idaho, September 6. EDW. E. MAXEY, Secretary, Caldwell.

(*Continued on page* xvi.)

MARYLAND
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Original Articles.

HEALTH DEPARTMENT DISINFECTION.

By William T. Watson, M.D.,
Baltimore, Md.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND AT THE MEETING HELD APRIL 1, 1898.

WHAT I have to say tonight is a criticism upon our Health Department. I do not, however, wish to be understood as in the position of judging the department by its faults alone, so take this occasion to say that I believe it is now more efficient than ever before in its history, and that its new chemical and bacteriological laboratories are doing most excellent work in protecting the health of the community. I am confident that the bacteriological department, by aiding physicians to an early diagnosis of diphtheria, thereby securing prompt treatment and prompt isolation of the patients, has been the means of saving the lives of many children during the past two years.

I also wish to say that only by means of the culture media placed at the disposal of physicians by the Health Department have I been able to make the tests to which I shall allude.

The criticism that I have to make of that department is that its inspectors sometimes do not inspect, and its disinfectors never disinfect.

As an illustration of my first criticism I will cite a recent instance in my practice.

On February 15 I was called to see a girl, aged about ten, who had diphtheria. On March 2 the child had been perfectly well for a week, but still had diphtheria bacilli in her throat.

I told the parents to keep the child isolated and send for a Health Department inspector, who would let them know when the child was free from germs and could mingle with others, and would give her a certificate to go to school.

In a few days an inspector called, looked in her throat, pronounced her all right and said she might leave the room. He said he would have the room disinfected that day. This was on Saturday. The parents asked to have the disinfection deferred until Monday. I was then called upon to explain why the inspector could pronounce the child free from germs by simply looking in the throat, whereas I could only tell by means of a culture. I, of course, told them that the inspector had not done his duty. I made a culture myself the next day (Sunday), and found the bacilli abundant. When the disinfector arrived on Monday he was not allowed to proceed, and the child was kept isolated till the germs disappeared.

In this house was a little boy of four or five years, whose parents were very anxious to protect him from the disease, and yet this guardian of the public health gave permission for this infected girl to associate with him.

Now to turn to the other subject, that of disinfection.

While working with Dr. Reik upon the disinfection of instruments with formaldehyde gas, I became very much impressed with its germicidal properties.

We worked with an airtight chamber of a cubic foot capacity. We infected knives with great quantities of spore-bearing authrax bacilli and killed them all in ten minutes. We put such large quantities of the yellow staphylococcus

upon the instruments that they looked as if they had been dipped in mustard, and yet they were all killed in ten minutes.

Being in possession of a formalin lamp, and my patrons complaining that the Health Department disinfectors were slow in coming, I undertook to disinfect some rooms.

I followed the directions given by Schering and Glatz, and used the gas generated from one paraform pastille to sixty cubic feet of air. I exposed in these rooms swabs infected with diphtheria bacilli, some moist, some dry, but always could get a growth from the swab.

I then doubled and trebled the quantity of gas per cubic foot recommended by Schering and Glatz, but always with the same results—the bacilli still lived.

I then came to the conclusion that I had better let the Health Department do the work with their larger equipment.

I continued my tests in the rooms disinfected by the department. I placed upon the mantelpiece a platinum wire which had been infected with bacilli from a culture, care being taken not to get any of the culture media upon it.

I have made six such tests, and in every case the diphtheria bacilli grew abundantly.

In one instance the disinfector, aware of my test, used seven and a-half times the usual amount of formaldehyde, or one gramme of paraform to four cubic feet of air, but the result was the same—an abundant growth of bacilli.

The last test which I made was in a room of only 950 cubic feet capicity—but little larger than a good-sized closet—but even here the germs survived.

Thinking that it might be objected that the test did not conform exactly to the conditions usually found in an infected bed room, I determined to make the conditions absolutely natural, so I obtained a piece of pseudo-membrane from the throat of a child having laryngeal diphtheria. This piece, about the size of a nickel, I transfixed with a platinum needle and allowed to dry for three days, when it was exposed on the mantelpiece of a room about to be disinfected. The disinfector did not arrive when expected, so the householder undertook to disinfect the room by burning a pound of sulphur. The capacity of the room was 1200 cubic feet. Two days later the disinfector arrived and went through his usual routine. The next day I took my piece of membrane, now dried for six days and shrunk to one-twentieth of its original size, and made a culture from it. In seven hours' time the culture media was covered with a growth of diphtheria bacilli and a few cocci. The sulphur used by the householder and the formaldehyde used by the city disinfector, if they had any influence upon the germs at all, it was that of a tonic, for they grew most profusely.

Why do the inspectors not inspect? It is doubtless due to the fact that the inspectors are practicing physicians, who have the city's work and their own to attend to at the same time, and, quite naturally, let the city's work come second.

If fewer inspectors were employed, with larger salaries and a guarantee of retention in office during good behavior, and were required to devote their whole time to the city's work, the work would be better and more economically done.

Why do the disinfectors not disinfect? I believe the reason is that as yet the department has not determined the amount of formaldehyde gas necessary for each cubic foot of space. When this is determined its disinfectors will have to be instructed how to make the room to be disinfected airtight.

The germicide used is doubtless the best, but the method of using it is sadly at fault. Means must be devised for converting leaky rooms into perfectly airtight spaces, and I believe by the liberal use of rubber adhesive plaster for cracks, keyholes, registers, etc., and felt strips for windows and doors, this could easily be done.

It would be better for a disinfector to spend a day or a week in each room, and then disinfect it, than to go through the form of disinfecting maybe a dozen rooms in the same time.

I am sure that our Health Department will work out this problem. Considering the importance of the subject, it seems to me that it should do so without delay.

AN EXHIBITION OF SKIN CASES.

By T. C. Gilchrist, M.R.C.S., L.S.A.,

Clinical Professor of Dermatology, Johns Hopkins University; Dermatologist to the Johns Hopkins Hospital; Clinical Professor of Dermatology, University of Maryland.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND AT THE MEETING HELD APRIL 1, 1898.

I HAVE the opportunity of presenting two very rare cases of cutaneous diseases.

Case 1. Herpes Iris, a variety of Erythema Multiforme.—This patient, who is now nine years of age, came to the Hopkins Dispensary in December last presenting the characteristic features of herpes iris. The character of this affection is that of a severe type of multiform erythema. The name herpes iris was given to it in 1807 by Bateman on account of its multiform colors. The distribution of the lesions is on the hands, feet, forearms and legs. The mild cases are usually macular or maculo-popular, about the size of a split pea, and even then present the characteristic colors.

The distribution in this case at the commencement was on the backs of the hands and forearms, the feet and legs. Three days after her first appearance the lesions were very typical, especially on the back of the right hand, where there appeared a large bulla, which was completely encircled by a ring of small vesicles. This arrangement only occurs in one disease, and so our first diagnosis was then confirmed. Other vesicular and bullous lesions appeared later on the arms and legs. Two or three days ago, three months after the eruption first appeared, a relapse occurred, and the lesions were again seen particularly well marked on the left arm. The patient now presents these typical lesions scattered over both forearms, but they are not quite as well marked as when she came first under treatment.

This word herpes is now used in the sense of a group of vesicles, or to express the creeping propensities of a vesicular eruption. We have seen about twelve or fifteen cases in the series of over 13,000 dermatological cases observed at the Johns Hopkins Hospital, but this example is the most typical one of all. The mother did not care to send her to the hospital, and so the patient, on account of her wretched surroundings, has been undergoing a number of relapses while under treatment, which was not therefore very satisfactory. The patient has since been admitted into the hospital, and the skin is now quite healthy.

The etiology of the disease is at present under discussion, some considering it an angio-neurosis, others believing that it is due to some micro-organism. Dr. Pardee, who is at present investigating this case, has allowed me to refer to some of his findings. His observations show that the vesicle was formed entirely beneath the epidermis. At the very commencement of the lesion the upper third of the papilla was displaced by the presence of fibrin, coagulated serum and fragmented nuclei. At a later stage the whole papillary space became filled with a mass of fragmented nuclei, fibrin, coagulated serum and a few lymphoid cells. This apparently points to some poison or micro-organism which makes its appearance directly beneath the epidermis, and which kills the polynuclear leucocytes as soon as they arrive on the scene. A number of cultures have been made from numerous vesicles, but all were found sterile. Examinations of the contents of the vesicles did not reveal the presence of organisms. So it occurs to one that probably it may be a toxine or some organism that cannot be stained by the usual and ordinary methods, which is set free in this region, which may be the cause of the lesion. I think these histological pictures do away entirely with the angio-neurotic theory.

In the treatment attention to the diet is the most important factor. The severe constipation that accompanies it leads one to expect that the toxine may come from the intestines. The prognosis is good.

Case 2. Prurigo.—This patient appeared at the Johns Hopkins Dispensary three days ago, and has a disease which is very rare in this country. At the Hopkins we have only seen two out of our 13,000 cases of cutaneous diseases. She is now twenty-nine years old, and has had

the disease ever since her third year. There have always been lesions on the external surfaces of the legs and arms, accompanied by intense itching. The character of the lesions on the face and extremities is that of small excoriated papules about the size of a pin's head. There are numerous pigmented scars and pigmentations, especially on the extremities. Hebra was the first to describe the disease, and it is usually designated as Hebra's disease. It commences like urticaria in early childhood, and the typical papules are at first more perceptible to the touch than to the eye. It is the most itching of all the cutaneous diseases, and is said to be found just as frequently among the rich as among the poor. Dr. Robert B. Morison, of this city, investigated this disease while in Prague.

This patient shows well the discrete violently scratched papules scattered over her arms and legs, chiefly on the exterior surfaces, as well as on the face. One can see on the right cheek and right arm two papules which are hardly visible, and yet are distinctly perceptible to the touch. She has, at my request, refrained from scratching them, so that you could examine these primary lesions. The other excoriated and haemorrhagic papules are well marked. The patient says her health has always been good, and she appears now to be in good general condition. This case might be classed as one of a medium variety, and does not exemplify the severe type to which Hebra first drew special attention. There is no family history here which has any special etiological relation to the disease.

The cause of prurigo is yet unknown. The prognosis in this case is fairly good. The treatment would consist of strict attention to diet, daily baths and application of some mildly stimulating ointment.

Nasal Diseases and Insanity.—The relationship of nasal diseases to insanity is elaborated by Dr. C. Ziem in the American Journal of the Medical Sciences, and consists largely of the subject as manifested in his own person, with a summary of observations of others, and general remarks, historical, physiological and pathological.

HERNIA OF THE OVARY, WITH A REPORT OF TWO CASES CURED BY LAPAROTOMY.

By B. Bernard Browne, M.D.,

Professor of Gynecology in the Woman's Medical College of Baltimore, Gynecologist to the Good Samaritan Hospital, etc.

READ BEFORE THE AMERICAN GYNECOLOGICAL SOCIETY, AT BOSTON, MAY 24, 1898.

(Continued.)

In January, 1881, Dr. Edward Swasey[37] reported a case in the *American Journal of Obstetrics* of a woman, aged forty-six, who had the appearance of a female, but who had never menstruated, and had no uterus or ovaries, and only a short cul-de-sac for a vagina. She had two tumors in the inguinal region, which were of uncertain character. Dr. P. F. Mundé thought they were undescended testicles. Dr. T. Gaillard Thomas thought they were herniated ovaries. Leopold reported a similar case in the *Archiv für Gynecologie*, Vol. XIII, 1875. In neither of these cases were the tumors removed.

In January, 1882, Dr. Robert Barnes read a paper before the Royal Medical and Chirurgical Society of London on hernia of the ovary and observations on the physiological relations of the ovary. He reported two cases of his own, one of which, an acquired left inguinal hernia in a single woman aged forty-one, who had menstruated regularly, was operated upon and the ovary removed.

In 1882 John Langton, in St. Bartholomew's Hospital Reports, Vol. XVIII, has an article on hernia of the ovary. He states that during eight years there were 589 cases of inguinal hernia in female infants that came under his personal observation at the City of London Truss Society, which were for the first time discovered either at birth or within the first year. Of these, 317 inguinal hernia on right side, 208 inguinal hernia on left side and sixty-four inguinal hernia on both sides.

Of these there were forty-three cases in which the ovaries could be distinguished, sixteen on the right side, twenty

on the left side and seven on both sides.

The proportion of cases in which these bodies were found to be present to the total number of cases of congenital inguinal hernia was therefore 1 to 14, or 7 1-7 per cent. A large proportion were reducible.

In 1886 Dr. J. C. Tedford[38] reported a case of an ovary expelled from the anus. A woman aged twenty-eight, married ten years, three children. January 9 she had a miscarriage. On January 14 she was taken with severe tenesmus and disposition to strain, whereupon a tumor was expelled from the anus. A finger introduced could feel the pedicle extending as high up as it could reach. The tumor, which was covered by the peritoneum, was pulled down, the pedicle tied and a cystic ovary removed. Peritonitis followed, and the patient died on January 20. Post mortem examination showed that a portion of the bowel had been invaginated, and that the ovary had escaped through a rent at the sigmoid flexure.

In 1885 John Ward Cousins[8] related a case in the *British Medical Journal*, in which hernia of an ovary and the Fallopian tube took place through a rupture in the vaginal wall. There had been complete prolapse of the uterus, and protrusion of the rectum to the extent of four inches. The vaginal walls were rent and the hernia took place by that channel. A case of left inguinal irreducible hernia of the ovary, Fallopian tube, bladder and intestine was reported by Reymond[32] in the *Bullétin de la Société Anatomique de Paris*, 1894. The bladder was recognized during the operation and reduced without injury.

REPORT OF TWO CASES.

Case 1—Mrs. G., aged about forty, the mother of several children, the last about ten years old, has suffered with an inguinal hernia on the right side for about twenty years. During this time she has worn a truss, which had always kept her comfortable up to the birth of her last child. During the labor the hernia protruded in a large mass, and the doctor had much difficulty in returning it, which, however, he succeeded in doing, and she got along quite well until she commenced sitting up, when she felt a small hard knot immediately under the hernial protrusion, which remained after the hernia was returned and caused a great deal of pain when the truss was applied. This lump has always been more painful, and has increased in size at the menstrual period. The intestinal hernia frequently occurred, sometimes she could reduce it herself, sometimes she was obliged to call on her physician.

This condition went on for several years, during which time she has always suffered from constant dragging pains and discomfort, and at times has had attacks of severe pain in the hernia which caused excessive nausea. On January 10, 1892, her physician, Dr. Wm. J. Clendenin, was called to see her while the hernia was down. She had previously been constipated, and had taken purgative medicine, which had failed to act. He reduced the hernia and she became more comfortable. On January 12 the strangulation became complete, and all his attempts by taxis, etc., failed. He felt a hard lump behind and below the intestine, which he took to be a lump of impacted feces, when he succeeded in getting the hernia back this lump seemed to be connected with it and exercised traction upon the hernial mass.

On January 13 all the symptoms had become more urgent. Her temperature, which ran up to 103° on the previous night, was now sub-normal, and stercoraceous vomiting had been going on for some hours. He sent for me to operate and I saw her about 5 o'clock in the afternoon. She was then in a state of collapse, her temperature sub-normal and her pulse too weak and too fast to be counted.

In cutting down on the hernia I found about twenty inches of the intestine in the hernial sac. It was of a dark purplish color, and almost gangrenous. The intestines were enormously distended above the seat of obstruction. The sac was opened up to the internal ring, and the agglutinated intestines separated both from the sides of the sac where they were adherent and from each other. There was a hard mass posterior to and below the intestine, which seemed to be

attached to it by a thick cord. This mass proved to be an ovary. The internal ring was blocked by a dense hard conical body projecting into it and completely obliterating it lumen. I concluded the safest plan to be to open into the abdomen from above and made an incision about three inches in length, reaching down to the internal ring, thus making plenty of room for the return of the intestinal loop, which was first carefully washed off with hot water and as much of the exudate as possible removed. I found the conical mass to be the cornu of the uterus, which, with the tube, had been drawn into the canal by the prolapsed ovary which I had previously found in the lower portion of the sac. The thickened cord, before mentioned, was the elongated broad ligament which formed the pedicle to the ovary. I ligated the pedicle and Fallopian tube close to the cornu of the uterus and removed them. I then ligated the sac close to the intestinal ring and cut it off. The abdomen was closed with silk-worm gut. The patient remained in a weak condition during the night, but on the following morning reaction set in and she finally made a complete recovery.

Case 2.—C. S., aged thirty-eight, married twenty years, has had several miscarriages and three children, the last two years ago. Has had a swelling in the right groin since the birth of her last child. Had a similar swelling on the left side three years ago, which disappeared after she become pregnant. Her abdominal muscles are thin and relaxed, although she is a well-formed woman and enjoys excellent health with the exception of this lump, which is exceedingly sensitive and tender, and hurts her when she stoops down or moves about. It becomes more painful and larger at the menstrual period and incapacitates her for her work, which is that of house servant.

I examined her in April, 1896, and found a tumor resembling a hernia in the right inguinal region. It was hard and unyielding, and did not present the physical signs of intestinal or omental hernia or of hydrocele of the round ligament. It was slightly movable, but could not be returned into the abdominal cavity. Upon bi-manual examination the uterus was found to be anteverted, with the cornu inclined to the right side. By grasping the tumor and moving it downwards the uterus was drawn still more towards the inguinal opening. When the uterus was carried over to the left side the tumor was drawn up close in the inguinal canal. When the sound was introduced and these movements repeated the same results were obtained. The ovary on the left side could be distinctly palpated, but none could be felt on the right side. The internal ring as felt through the anterior vaginal wall was sufficiently patulous to admit the tip of the index finger, and the tumor could be felt by it when pushed up against it, but when let go it retracted somewhat forcibly away from the internal ring as if pulled down by some cord-like attachment from below. Examination per rectum confirmed the results already obtained.

The diagnosis of right inguinal ovarian hernia was made and she entered the Good Samaritan Hospital on April 10 for operation. This, however, had to be postponed until the 15th, as her menses came on during the night of the 10th and afforded an opportunity of examining the tumor during the menstrual period. It increased nearly one-third in size, and was very sensitive to the touch, and caused her great pain in walking. On the 15th the examination was repeated, while under the anesthetic previous to operating for its removal. The condition appeared the same as at the first examination except that all the parts were more relaxed and the tumor was more movable. During the above manipulations the tumor slipped back into the abdomen and the operation was not done. A bi-manual examination found both the ovaries within the pelvis.

It was thought that perhaps by wearing a truss the return of the hernia might be prevented. This, however, was not the case, as she returned to the hospital on June 10 with the protrusion even larger than when first seen. On the 11th the sac was cut down upon and opened, the ovary was found in the bot-

tom of the sac, and as it appeared to be healthy the incision was extended up to the abdominal cavity. The sac, which was firmly adherent in the inguinal canal, was dissected off close to the inner ring, the ovary was returned into the abdominal cavity, the sac was ligated close to the internal opening, cut off and the whole incision and canal closed up. The round ligament was thoroughly adherent to the sac, and although flattened out was of greater thickness than normal. When examined by Dr. Cone, the pathologist to the hospital, it was pronounced to be in a myomatous condition. It doubtless was a prominent factor, if not in producing, certainly in maintaining the ovary in its abnormal position.

The patient left the hospital two weeks after the operation feeling entirely relieved. On the 17th of January the ligature with which the sac was ligated was removed, it having caused for a short time previously a fistulous opening, which, however, soon healed up. There has been no pain in the right ovary since the operation.

From the history of this trouble and a study of these cases the following conclusions seem warrantable:

1. That hernia of the ovary, although not very common, occurs much more frequently than has generally been supposed.

2. That congenital hernia of the ovary is almost invariably associated with and caused by some arrest of development during intra-uterine life.

3. That congenital hernia of the ovary is always inguinal, often double, but when single generally on the left side, it is caused by abnormal descent of the ovaries analogous to the normal descent of the testicles[9] constituting anomalies rather than diseases, and coinciding usually with anomalies of the genital organs, such as embryonic uterus, uterus unicornis, hermaphroditism, etc.

4. That the persistence of Nuck's canal favors its production; also the size and shape of the ovary, which is at first a long flat body, with its apex pointing towards the canal; also the fact that at the birth of the child the ovaries are yet situated above the ileo-pectineal line and descend during the first few months of the child's life into the true pelvis.

5. That as congenital hernia of the ovary occurs so frequently as a result of arrest of development and borders so closely on pseudo-hermaphroditism, it is important in all cases that the glands, when removed, should be examined microscopically.

6. That the sac in this hernia generally contains the ovary and Fallopian tube. It is irreducible, except soon after birth, on account of the adhesions formed and the early closure of the internal ring.

7. That accidental or acquired hernia may occur at any of the ordinary hernial openings, in which case it frequently follows a pre-existing intestinal or omental hernia. They are almost always unilateral and more frequent on the right side. They are most apt to occur soon after labor, when the abdominal walls are relaxed and the uterus and ovaries are above the pelvic brim. Therefore women who suffer from any form of hernia should be carefully watched before, during and after their confinements, so as to prevent and rectify any undue strain upon the weak point.

BIBLIOGRAPHY.

Aue.[1] *Centralblatt für Gynecologie*, 1892, Vol. XVI, No. 35, p. 698.

Balleray[2] & Weinlechner. *Wiener Medicinische Wochenschrift*, 1877.

Baum.[3] *Philadelphia Medical Times*, 1885-6, Vol. XVI, p. 127.

Bessiere.[4] Courty. The Uterus, Ovaries and Fallopian Tubes, p. 346.

Camper.[5] Peter, Genees, Demonstrat. anatomique pathologique de pelvis, lib. II, p. 17, cap. II.

Chambers.[6] *British Obstetrical Journal*, 1879-80, Vol. VII, 579-582.

Coote Holmes.[7] *Transactions of the Medico-Chirurgical Society*, 1864.

Cousins.[8] *British Medical Journal*, July, 1895, p. 185.

Curling.[9] Diseases of the Testes, p. 95.

De Goey.[10] *Obstetrical Journal of Great Britain and Ireland*, Vo. I, 241-2.

Deneux.[11] Recherches sur la hernia de l'ovaire, Paris, 1813.

Englisch.[12] Medicinische Jahrbücher, 1871, p. 335.

Fargas.[13] *Centralblatt für Gynecologie*, Vol. XVI, p. 246.

Haller.[14] Hernia adnostat in opus pathol.

Hamilton.[15] Frank H. Bellevue Hospital Reports, 1870, p. 159.

Hart[16] & Barbour. Manual of Gynecology, p. 387.

Hawkins Cæsar.[17] *Transactions of the Medical and Chirurgical Society of Edinburgh*, 1864.

Holmes[18] Coote. *Lancet*, January, 1864, Trans. Med. and Chir. Soc., 1864.

Kiwisch.[19] Diseases of the Ovaries, Clay, p. 52.

Krug.[19½] *American Journal of Obstetrics*, Vol. XIII, 606.

Lassus.[20] Pathologique Chirurgique, Paris, 1806, Vol. II, p. 98.

Leopold.[21] *Archiv für Gynecologie*, Vol. XIV.

Loumaigne.[22] De la hernie de l'ovaire, Paris, 1869.

McCleur.[23] *American Journal of Obstetrics*, Vol. VI, pp. 613-17.

Meadows.[24] *London Obstetrical Journal*, Vol. III, 438-441.

Owen.[25] *British Medical Journal*, December 13, 1873.

Papen.[26] Haller Disputation Chirurg., 1750.

Parker, R.[27] *British Medical Journal*, 1893, Vol. I, p. 68.

Parsons,[28] G. W. Annals of Surgery, Philadelphia, 1895, XXI, pp. 691-698.

Pott, Percival.[29] Surgical Works, London, 1783, Vol. III, p. 329; Med. oper. t. 1, p. 211, Paris Ann. III.

Puech.[30] Des Ovaires, de leurs Anomalies, Paris, 1873.

Puech.[31] Nouvelles Recherches sur les hernies de l'ovaire, Annales de Gyn., Paris, 1878, pp. 321-338, and 1879, XI, 402, 430.

Reymond.[32] Bulletin de la Société Anatomique de Paris, 1894, 482.

Routier.[32½] *Centralblatt für Gynecologie*, Vol. XVI, p. 166.

Seymour.[33] *Medical News*, New York, 1897, LXX, p. 241.

Simpson.[34] Intra-uterine pathology. *Edinburgh Medical and Surgical Journal*, Nos. 137 and 140.

Smith Heywood.[35] *British Medical Journal*, 1885, II, 870.

Soranus.[36] Oribasius Cap. XXXI et XXXII.

Sutton.[36½] *British Medical Journal*, 1892, Vo. I, p. 761.

Swasey.[37] *American Journal of Obstetrics*, XIV, pp. 94-105.

Tedford.[38] *St. Louis Courier of Medicine*, XV, 1886, pp. 317, 323.

Verdier.[38] Mémoires de l'Académie de Chirurgie, LII.

Werth.[39] *Archiv für Gynecologie*, Vol. XII, 1877, p. 132.

Widestein.[40] *Gazette Hebdonnadaire de Medécin*, 1853, p. 79.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD APRIL 1, 1898.

THE meeting was called to order by the president, Dr. William Greene.

Dr. T. C. Gilchrist gave an "Exhibition of Cases of Diseases of the Skin" (see page 701).

Dr. Cullen: What is the difference between herpes iris and herpes zoster apart from the position of the lesion? Are the histological changes the same? If the changes be due to a primary toxic substance, where does it originally come from, and may it not be that the nerve terminals give rise to this change?

Dr. Gilchrist: There is not much likeness between the two diseases. The herpes zoster is supposed to occur in the course of the nerves, and presents groups of vesicles on an inflamed base. There is no comparison either histologically. I have examined sections from a number of zoster cases, and the vesicle is always in the middle of the epidermis, while in the iris cases it is beneath the epidermis. Again, in the zoster there are no pigmented nuclei, and the pictures are entirely different. It does not seem possible to me that stimulation of the nerves would kill the nuclei as fast as they appear as is the condition in this case.

Dr. Harlan: You did not say anything about the treatment of prurigo.

Dr. Gilchrist: In mild cases much may be done, but nothing in the severe cases. The treatment consists in attention to the

diet, cleanliness, cod-liver oil internally and oleum cade locally.

Dr. W. T. Watson read a paper entitled "Health Department Disinfection" (see page 699).

Dr. C. Hampson Jones, Health Commissioner of Baltimore, said: I suppose it is necessary that I should make some remarks, representing, as I do now, the City Health Department. All fair-minded men are only too glad to hear criticisms, whether they be favorable or unfavorable, and I think if all the physicians of Baltimore would take the same interest in this matter that Dr. Watson has, not only would the physicians themselves be benefited thereby, but the community in general would be improved by the information thus gained being distributed through the health department. No one is better aware of the infirmities of the department than I. Only lately I have been before the ways and means committee asking for better facilities, and I now await their answer as to what they are going to do. In our department there are two disinfectors, enough to take care of a town of 1,000 inhabitants probably, not many more, and I therefore wish to have more disinfectors, so as to be able to put into practice the work we have already outlined for these men and to have them put a check upon themselves. We wish to do the very thing Dr. Watson has spoken of. Dr. Stokes and I have talked the matter over, and we think of sending out cultures with the disinfector, and after their work is completed they shall return this culture to us. If the germs are not all dead that room shall be disinfected again and repeated until the germs are destroyed.

The preparation of a room takes well on to two hours, and a man working all day, taking twelve hours as the working day, could not possibly, leaving distances out of the question, disinfect more than six rooms a day. Last fall, on Monday mornings particularly, from twenty-four to thirty cases of diphtheria were reported, and, of course, there would be just so many places to be disinfected at or about the same time. With two disinfectors, under the most favorable conditions, this work could not possibly be attended to. It will therefore to a certain extent be accounted for that some people have had to wait to have their rooms apparently disinfected.

As to the material for disinfection, I think Dr. Watson is quite right; formaldehyde is the proper thing. It has been demonstrated, however, that it disinfects only for the surfaces and apparently has not a deep penetrating power. Surface disinfection, however, is important, and if carried out it will do much to keep down epidemics. The quantity to be used has been recommended as fifteen grains for fifteen cubic feet of air space. I believe this is not enough, and as Dr. Watson has said, is part of the trouble, but we shall be glad to increase the number of pastiles and the capacity of our apparatus.

As to the question of inspectors, as I was one of those gentlemen a short time ago, I may speak feelingly on the subject. I know there are certain inspectors who do not do their work, and I know they shall do it in the future, and I know also that there are a number of physicians who, instead of helping the department by telling us of these things, permit them to go on without doing the work the department expects of them. I am glad Dr. Watson has spoken of the subject, and I should be glad to have the other physicians of the city do the same. If you will tell me at any time that a disinfector or an inspector has not done his work as laid down by the health department for him, and you will stand up and face that gentleman with your charge, I will be only too happy to call him to account, but do not send a complaint unless you are willing to do that. I would be only too glad if you would bring complaints and bring them properly. It is not the work of the private practice of these gentlemen that keeps them from doing their work properly, it is the enormous amount of work to be done. The question has been before me as to whether it is well to appoint physicians as inspectors. The physician that starts out this way is, I believe, above the average intelligence of the ordinary ward worker, and can render better help to the department, and also if we should have a

threatened epidemic he would not turn tail and leave us, but would come up to the scratch. In 1882 there were only two men who staid by the department, and I wish it had been possible to reward them by keeping them in. I think it is better to keep physicians in these places, but do not think because they are brother physicians they should not be complained of. I am not omnipresent, and indeed find difficulty in being in one place at a time, consequently I cannot know whether these men are doing their work properly except by the reports I receive.

Dr. W. R. Stokes, City Bacteriologist, said: I have been very much interested in Dr. Watson's remarks, and think his investigations will furnish us with much food for thought. There is no doubt that it is a difficult thing to entirely disinfect a room, especially if one applies so rigid a test as Dr. Watson has done. I think that those conditions may at times arise in a room, but I am not of the opinion that they are always present. Dr. Watson's test consisted in massing countless numbers of bacteria on the surface of a platinum needle and also in using diphtheritic membrane. I should like to read a sentence from a paper of Grawitz, who recognized this difficulty. He says: "That larger pieces of tissue, such as fragments of diphtheria membrane, pus shreds, etc., were not sterilized by this vapor is of little importance for room disinfection." He then proceeds to recommend the paraform method. I do not mean to say that the present method cannot be improved upon. I differ with Dr. Watson in one particular, namely, that the health department has not discovered the proper amount of the gas to be used. If we can take the recommendations of some of the most eminent workers in this country and Europe it has been carefully determined if the cracks in the room are properly guarded. I do not think the fault is in the amount, but the reason why some rooms are not thoroughly disinfected is that air has been allowed to enter and gas to escape. This must be guarded against. One gramme of paraform to every fifteen cubic feet is probably the proper amount, and the main point, I think, is to keep the gas in the room after it has been generated. Notwithstanding the fact that certain rigid tests have demonstrated that rooms have not been completely disinfected, I believe that even in these cases many bacteria have been dstroyed and the chances of infection greatly lessened.

Dr. Wm. N. Bispham: Dr. Stokes seemed to think that Dr. Watson's test of placing membrane in the room could not ordinarily come into consideration, but I should like to know how he would propose to remove mechanically all such membrane. For instance, if a child should expectorate when not noticed, and that gets into some out of the way corner of the room, it carries the germs in enormous numbers, and would surely be a good medium for infection. I should think, then, that Dr. Watson's test would be a most useful one, for we should know at once if that membrane were rendered sterile the entire room was thoroughly disinfected.

Dr. John S. Fulton: The experiments and observations of Dr. Watson are both interesting and valuable, but they do not lead my mind to the conclusions which he has reached. He seems to me to have reached wrong conclusions, because he has considered only the data upon the negative side of the proposition, emphasizing what disinfection does not, and ignoring what it does. By this process all human success, incomplete as it necessarily is, might be made to seem failure.

The organisms which escape the disinfector's hostility give an account of themselves in the culture media, and certainly the significance of their survival does weigh against our technique. But to conclude upon such evidence that the services of the disinfector were delusive, or worthless, or of little value, would be against the known results of even such rude disinfection as was practiced twenty years ago. The best technique exemplified in any surgical room could not withstand such reasoning as Dr. Watson's. The sterilization of a room is a chimera. A part of the process actually protects certain parts of the room against the access of the disinfecting agent. Nevertheless this unattainable chimera is the thing which we must pursue, and I can-

not doubt that marked advances have recently been made. We may, perhaps, measure these steps by thermostat experiments, but the full value of the process must be estimated in quite another way. I have here some charts illustrating the Mighigan experience for many years in diphtheria. The effect of disinfection upon mortality, morbidity, and even upon virulence or fatality, are here so forcibly illustrated as to leave no doubt of the very great value of the old methods which laboratory experiments have shown up in a far more discouraging light than Dr. Watson has thrown upon his own and the city's disinfection.

Formaldehyde is certainly, up to date, the best agent for public disinfection. We have not yet learned how best to apply it, but I suspect that after we have brought technique as near as possible to perfection, it will still be easy to demonstrate that disinfected rooms are not sterile.

Several city boards of health use means similar to Dr. Watson's as a check upon their results, and they will be much surprised if in any long series of experiments all the controls should prove sterile. They do expect, and will surely obtain, statistics proving that by the use of formaldehyde the pathogenic activities of certain bacteria have been depressed to the lowest degree yet attained by public disinfection.

Dr. George A. Fleming: I was much interested in Dr. Watson's remarks, because we have had some practical experience at the Presbyterian Eye, Ear and Throat Charity Hospital. We had a case of diphtheria, and were, of course, anxious to keep it out of the hospital if possible. We had a disinfector come down and use his formaldehyde. The room was kept closed for two or three days, and when opened quite a number of flies came out that had been there all the time. Seeing that, we feared the formaldehyde had not destroyed many germs.

Dr. Stokes: In regard to the flies I may say that formaldehyde does not have any effect upon animal life. Interesting experiments have been performed in which rabbits have been exposed to large quantities of the gas and at the same time large masses of bacteria; the latter were destroyed, but the rabbits, cockroaches, etc., survived. One experimenter has even accustomed himself to stay in the room until he can now stand a considerable exposure to large quantities of the gas without disagreeable consequences. So, while it does not kill flies, it does kill bacteria.

Dr. H. O. Reik: I think Dr. Fulton misunderstood Dr. Watson if he thought he underestimated the value of formaldehyde as a disinfectant. The experiments which Dr. Watson and I recently carried on together proved conclusively to our minds that a very small quantity of the gas would destroy large masses of bacteria under favorable conditions. The most essential factor is that suggested by Dr. Stokes, that the chamber to be disinfected must be airtight, and I think that has been largely the cause of failure in the work of the health department. If the cracks and openings into the room be not thoroughly stopped there is a constant interchange between the gas on the inside and the air from outside, and the concentration of formaldehyde in the room never becomes sufficiently great to do perfect work. Dr. Fleming need not fear that his room was not disinfected simply because flies escaped with their lives. Dr. Watson and I tried a number of times to kill flies with formaldehyde, but always failed.

Dr. Fulton: Do you think it possible to thoroughly disinfect a large room?

Dr. Reik: Yes. Formaldehyde is the proper thing, too, to use for that purpose, but I repeat that the room must be made airtight, and if that be done I believe thorough disinfection can be accomplished.

Dr. Jones: The remarks show that great interest has been taken in this subject, and I believe it will stimulate the health department to perfect its methods. There is one point in Dr. Watson's remarks which I feel to a certain extent I am in duty bound to reply to, and that is, his criticism of the political methods of selecting and of removing inspectors, etc. He is opposed to the present method of the parties in displacing officeholders, and his remarks referred to those gentle-

men who had been in the service not less than two years, and in one instance for twenty years. The applause that followed his remarks might give the impression that the trouble he complains of is due to ignorance of the new men, and I wish to say that such is not the case.

Dr. Watson: I am very much pleased that the members of the health department have taken my remarks in the spirit intended, that of friendly criticism. Together with Dr. Reik, I should take issue with Dr. Fulton, for I think from our experiments we can predict that formaldehyde can be made to thoroughly sterilize rooms.

In regard to the last point Dr. Jones calls up, I think he has sustained all I had to say. He says that the reason these men do not do their work is because they have such an enormous amount of it to perform. Now, if they have more than enough with the health department to occupy their time, they cannot do things right if they still have their private work to look after. They may remain with the health department longer than two years, but still they have no guarantee of that, and as they must look out for themselves, they will devote their time mainly to their own interests and neglect the work of the city.

The society then adjourned.

H. O. Reik, M.D., Secretary.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

EXECUTIVE SESSION.

REPORT OF THE LIBRARY COMMITTEE.

Mr. President and Gentlemen of the Faculty—During the past year the library has made marked progress in many directions, and the profession has shown its sincere appreciation of its usefulness. As an illustration of the increasing value of the library as an educational influence attention is called to the fact that last year 741 volumes were taken out, an increase of 127 over the previous year and an increase of over 500 over the year 1896. More striking still is the fact that during the past year 3257 persons have made use of the books and journals in the reading-room. These figures present the strongest possible argument for a most liberal support of this most important part of the work of the Faculty. The library receives regularly 127 journals, an increase of nine over last year. Of this number, fifty-five are donated by the Book and Journal Club, seven by Dr. Osler, forty-three are subscribed to by the Faculty and twenty-two are received through exchange.

The following books have been placed upon the shelves of the library during the past year: From the Frick fund, 102 new books, 155 transactions and reports, eighty-five bound journals, making in all 342 volumes. The Book and Journal Club has added twenty-two new books, the Library Committee has purchased twenty-one books and added forty-three transactions and reports and 178 bound journals.

The library has received by donation 872 books, making the total number of volvmes received during the past year 1478.

The committee is especially gratified by the very large number of books donated during the past year. These donations were as follows: Dr. Ashby, 2 volumes; Dr. Bombaugh, 57; Dr. Brack, 1; Mr. Wm. H. Buckler, 28; Dr. Campbell of Owing's Mills, 16; Dr. Canfield, 97 (in regard to this donation of Dr. Canfield's it should be said that it is extremely valuable, since a large number of the volumes are new); Dr. Cordell, 12; Dr. Finney, 71; Dr. A. Friedenwald, 2; Dr. H. Friedenwald, 2; Dr. Gosweiler, 7; Dr. Hardcastle, 1; Dr. Hemmeter, 2; Dr. H. B. Jacobs, 2; the library of the late Dr. C. H. Jones, 224 volumes; Dr. Krozer, 1; Mr. R. M. McSherry, 1; Mrs. Morawetz, 98; Dr. Osler, 29; Dr. Preston, 1; Mr. A. Quinan, 1; Dr. Stokes, 89; Dr. R. H. Thomas, 5; Dr. J. W. Williams, 110; Dr. J. R. Winslow, 7; Dr. Woods, 10.

There have been received 652 reprints, which have been placed in alphabetical order in the pamphlet cases. These reprints have been presented by the following: Dr. Bulkley, 1; Dr. Canfield, 604; Dr. H. C. Coe, 1; Dr. J. M. Da Costa, 2;

Dr. H. Friedenwald, 2; Dr. C. H. Knight, 3; Mrs. Morawetz, 33; Dr. Osler, 1; Dr. H. A. Robbins, 4; Dr. J. P. Wade, 1. The committee would suggest to the members of the Faculty that they include the library when sending out reprints.

Theses have been received, through the Smithsonian Institute, from the universities of Jena, Christiania, Heidelberg and Aberdeen. Miscellaneous journals for the completion of sets have been received from Drs. F. M. Chisolm, Gosweiler, Merrick, Moseley, Osler, Preston, G. B. Reynolds, R. H. Thomas, J. R. Winslow and Messrs. Sharpe & Dohme.

The work of cataloguing the library has been going steadily on, and may now be said to be practically completed. This work has been done in the most thorough, systematic and scientific manner. In order to give some idea of the magnitude of this work the following outline of system is given: An author card is made, which bears the surname of the author, followed by his initials, the full title of the book, the edition and whether illustrated, the place of publication, the date of publication, the number of volumes if more than one and the size of the book.

A subject card is made for each subject of which the book treats, containing the subject, the author, the title of the book and the date of publication. A title card is made when the title does not clearly indicate the subject. Joint author cards are made whenever a book has more than one author. All names are given on the author card and cross references made from all the others to the first author mentioned. When the author's name is not given books are entered under title and subject.

During the past year Miss E. Baker has beautifully fitted up the librarian's room in honor of her father, Dr. Samuel Baker, one of the founders of the library. Miss Baker also presented a portrait of her eminent father.

The alumni of the College of Physicians and Surgeons presented a portrait of Dr. A. B. Arnold, Dr. John Morris a portrait of Dr. Hintze and also one of himself, Mrs. White a crayon of Dr. George Frick and his diploma and certificate of membership of the Medical and Chirurgical Faculty, Dr. Osler an engraving of Dr. J. D. Godman, Mrs. L. H. Steiner a photograph of Dr. Charles Frick, and Dr. Nolen a certificate signed by Dr. Samuel Baker.

From the above report it will be seen how greatly the library is indebted to the liberality of the Messrs. Frick and to the Book and Journal Club.

The appropriation set aside for the use of the library during the current year by the Executive Committee of the Faculty was $1000. The amounts expended are as follows:

Subscription to journals	$274 25
For binding	174 20
Library supplies	42 80
New books	33 70
Librarian's salary	355 00
Janitor's salary on part of library	60 00
Total Expenditures	$939 95

Leaving a balance of $60.05.

In regard to this balance it must be said that it will not be sufficient to do the binding that is necessary.

In addition to the above there was turned over to the library account from the Nurses' Directory the sum of $51.22. To this is to be added the sum of $27.32 derived from library fines. Of this sum the amount of $38.72 has been expended for expressage on books, stamps, etc., leaving a cash balance of $39.82. The money derived from fines is used to pay incidental expenses in the library, such as expressage, postage, additional help in cleaning the building, and books, etc.

It is hoped that before long the Faculty will be able to increase the appropriation of the library to the amount necessary for all the journal subscriptions, thus allowing the funds from the Frick Library and Book and Journal Club to be devoted exclusively to the purchase of new books.

Finally, the committee wishes to express its sincere appreciation of the excellent work done by the librarian, Miss Noyes, which has contributed markedly to the success of the library.

Respectfully submitted,

GEORGE J. PRESTON, Chairman,
WM. OSLER,
S. K. MERRICK,
EUGENE F. CORDELL,
HARRY FRIEDENWALD.

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BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JULY 9, 1898.

The Ethics of Advertising.

ONE of the most important events at the meeting of the Association of American Medical Editors was the following resolution, which was unanimously adopted:

"*Resolved,* That matter which, in the judgment of the editor, is clearly in the nature of an advertisement, or reading notice, shall be excluded from the regularly-paged parts of the journal and placed exclusively in the advertising pages."

This is a subject on which there should be unanimity of opinion. The members of this association are men of all grades, from the editorial crank, who has to sound abroad his ethical state in every issue so that men will appreciate him, to the editor who writes leading articles and editorials on each new preparation. Between these two there should be a happy mean.

Whatever is easy to obtain is usually cheapened and not well appreciated, and perhaps advertisers know this when they so often try to lead presumably ethical editors from the straight and narrow editorial path. No medical journal, with few exceptions, ever yielded any pecuniary profit, and few could live at all, without the advertisers' help, and yet too many journals treat their advertisers as if they were an "unclean thing," and to be confined to the space which they pay for. The whole truth is that the journals should divide their reading matter into two parts, that which is truly scientific and that which prints for a proper remuneration the advertisements of drug houses, instrument makers and other places of business.

Advertisers are continually trying to get their wares praised in the reading columns of a journal, and as soon as a journal accepts such an article so soon does the advertiser think less of that journal as a high-class advertising medium. It is surprising how men who have names and are supposed to be of good repute will write most readable and scientific articles with the object only of praising some proprietary product. If there could be some reliable standard according to which all preparations were tested, then such discussions as this would be unnecessary.

Physicians should never forget how helpless they would be without the aid of the intelligent manufacturing pharmacist, who, perhaps, has done more to revolutionize the old style of giving bulky drugs than any physician ever thought of doing. If a preparation is good, honestly made by a reputable house and not excessively expensive, it should be used if good results can be obtained. The average patient would rather recover in any way than die under the most ethical prescribing. A good honest preparation with known formula and manner of compounding will rarely fail to be a success.

The honest physician wishes to cure or relieve his patient, and he cares little where a drug is made or how a preparation is compounded, but a conscientious physician prefers to prescribe known single drugs to unknown proprietary compounds. The physician should make a distinction between a known chemical compound which any chemist or pharmacist could make were he so inclined, and a secret remedy or a remedy with a vague formula and a secret way of compounding it.

If medical journals would uniformly agree to do away with "the advertising original article," and physicians poor in pockets and low in morals would not yield to the temptations offered by wealthy corporations to write up any article for a fixed sum, then the whole plane of medical advertising would be raised to a higher degree and more confidence would be felt in a good thing when it was praised.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 2, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	6
Phthisis Pulmonalis	1	21
Measles	26	4
Whooping Cough	1	3
Pseudo-Membranous Croup and Diphtheria	26	8
Mumps	..	..
Scarlet Fever	7	1
Varioloid	..	..
Varicella	..	.
Typhoid Fever	6	1

Yellow fever is not spreading at McHenry, Miss., and no new cases have been found.

The Pasteur Institute in Baltimore is taking on renewed activity during the warm season.

If Congress is good to the army, dentists with relative ranks will be provided for each regiment.

It is reported that the medical authorities at Cuba are using Sanarelli's serum in treating yellow fever cases there.

Cecil county physicians seem to be very prominent in local politics, several names being mentioned in a report of certain political meetings held there.

Dr. A. G. Reger died at Fairmont, W. Va., last week. He studied medicine, and was graduated from Jefferson College, Philadelphia. He was about forty-four years of age.

The progressive faculty of the Maryland General Hospital is making many important changes in its building, among which are a new steam elevator and telephone connections throughout the building.

Dr. R. C. M. Page died recently in Philadelphia. He lived and practiced in New York and was of the well-known Page family of Virginia. He had been ill for some time and was returning home from a trip.

On account of the death of Mr. Presley Blakiston of the publishing house of P. Blakiston, Son & Co. of Philadelphia, Mr. Kenneth M. Blakiston will carry on the business under the name of P. Blakiston's Son & Co.

The University of Aberdeen, Scotland, will confer the degree of LL.D. on Dr. Osler this summer, and he has gone there to receive it personally.

The Franklin County (Pa.) Medical Society had a very interesting meeting at Waynesboro, Pa., last week. Dr. J. N. Snively delivered the address of welcome, and Dr. Thomas R. Cullen of Baltimore read a paper and several local physicians took part. In the evening there was a banquet.

The Chicago Society of Internal Medicine has just been formed in that city, with the following officers: President, Dr. John A. Robison; vice-president, Dr. John H. Hollister; secretary, Dr. Edward F. Wells; treasurer, Dr. Lester Curtis; censors, Drs. Henry M. Lyman, Henry B. Favill and Arthur R. Edwards.

At the recent meeting of the California State Medical Society at Fresno the following officers were elected for the ensuing year: Dr. William Watt Kerr, president; Dr. A. J. Pedlar, first vice-president; Dr. George L. Cole, second vice-president; Dr. D. A. Hodgehead, secretary; Dr. Thomas Ross, treasurer. The next annual meeting will be held at Monterey.

The *Journal of the American Medical Association*, in commenting on the various criticisms and complaints of bad, unsuitable and insufficient food for the soldiers, is authority for the statement that a specified amount of rations is provided for each soldier, and if he does not use the full amount it may be exchanged at the subsistence department for other things which he does like.

At the annual meeting of the American Pediatric Society, recently held in Cincinnati, the following officers were elected for the ensuing year: Dr. W. P. Northrup of New York, president; Dr. G. N. Acker of Washington, first vice-president; Dr. Irving M. Snow of Buffalo, second vice-president; Dr. S. S. Adams of Washington, secretary; Dr. Edward M. Buckingham of Boston, treasurer.

Health Commissioner Jones is still further strengthening his department by selecting a number of drug-store stations about the city where culture tubes for the diagnosis of diphtheria and other diseases may be obtained and where they may be returned by the physician, and in a day the diagnosis is sent from the department. Twenty-five stations in various parts of the city have so far been selected.

Washington Notes.

The Georgetown University Hospital will open its doors to the general public August 1.

The Emergency Hospital forces were kept busy dressing the many serious Fourth of July injuries.

The convention of National Educators is in progress from July 7 to 12. The attendance is large.

Dr. Hughlitt Hardcastle has returned from his study in Germany. He is a graduate of the University of Maryland.

Drs. Stiars and King have been appointed by the District Commissioners to membership in the board of Homeopathic Medical Examiners.

Dr. John T. Winter has entered suit against the heirs of the Broucher estate for $300 for services rendered the late Katherine V. Broucher.

Dr. Walter A. Wells, a native of Hyattsville, but now practicing in Washington, has been elected a member of the medical staff of Garfield Hospital.

Dr. J. Ford Thompson has tendered the use of house No. 1310 G street N. W. to the American National Red Cross for their headquarters in this city.

Dr. Woodford will attend the convention of general baggage agents relative to securing uniformity in laws respecting the transportation of dead bodies.

Hereafter persons known to be affected by an incurable disease, acute alcoholism or by a contagious or infectious disease will not be admitted to Freedman's Hospital.

Dr. T. A. Taylor, who has been an invalid for years, died last week. He was a graduate of the Georgetown Medical School, and one of the founders of the Eastern Dispensary.

The Washington Training School for Nurses has arranged with the Washington Asylum Hospital and Emergency Hospital for the practical education of its pupils in these institutions.

The trial of Dr. Wm. S. Roose, of an alcoholic habit cure company, indicted upon complaint of Dr. Walter D. Cameron for sending libelous matter through mails, has resulted in a verdict of guilty.

The death rate in the District is high, many persons succumbing to the intense heat. During the week there were four deaths from typhoid, two from diphtheria, one from pertussis and twenty-seven from diarrheal diseases.

Frank Mueller, an ex-soldier, was taken to the Eastern Emergency with his entire scalp beaten off, the ob. parietal bone fractured and the face lacerated and contused. His assailants were intent upon robbing him of nearly $1000, but were frightened by officers' approach. Mueller was unconscious for the greater part of forty-eighty hours, but is recovering.

Of the fourteen contract surgeons who are in Cuba with the hospital ship, seven are familiar to Washingtonians. Dr. Arthur A. Snyder was a surgeon on the Garfield Hospital staff and clinical surgeon of the medical department of the National University. Dr. Fred M. Hartsock graduated at Columbian College; was for a long time resident physician of Garfield Hospital. Dr. James T. Arwine practiced for some time in Southwest Washington, and was later the assistant of Dr. Henry Robbins. Dr. Jesse Ramsburg, a graduate of the University of Pennsylvania, was until recently resident physician of Providence Hospital. Dr. Charles C. Marbury, a nephew of Surgeon Baine, resident physician of Providence Hospital, and of late practiced medicine in this city. Dr. Stanley Warren of the Jefferson Medical College has been practicing here for about a year. Dr. Rufus D. Boss of the Garfield and Emergency Hospital staff and District physician, has been practicing in the city several years.

Book Reviews.

Sir James Young Simpson and Chloroform (1811 to 1870). By H. Laing Gordon.

John Hunter, Man of Science and Surgeon (1728 to 1793). By Stephen Paget, M.A., F.R.C.S.

William Harvey. By D'Arcy Power, F.S.A., F.R.C.E., Eng. Surgeon to the Victoria Hospital for Children, Chelsea. New York: Longmans, Green & Co. 1897.

The interest taken in the past few years in the lives of great men of medicine has induced the publishers of these most attractive volumes to issue the "Masters of Medicine" and show the younger generation of medical men and others as well what great men flourished in the past century and what models these men serve for the present day. The history of the rugged Simpson is not well known to the majority,

except that he was the discoverer of chloroform and used it as an anesthetic. In one section of this work the whole history of the discovery of anesthesia is rehearsed and the old tale is retold.

In the life of John Hunter the wonderful peculiarities of this exceptional man are related and his manner of work, his love for the study of medicine, and the utter disregard for the emoluments aside from the bare necessities of living, and the utter ignorance of the value of money except as the means of buying anatomical and surgical collections. Like many men of extreme eccentricity and cranial development, Hunter had atheromatous arteries, and, as he said, his life was in the hands of the first rascal who chose to arouse his ire, and he died in a burst of anger.

The chief interest connected with the life of Harvey is naturally the discovery of the circulation, which had been suspected for a long time and which many had been on the verge of describing. Harvey, who lived much earlier than the other two men just noticed, had greater difficulties to contend with in studying anatomy, and his successes are all the more praiseworthy. The value of such biographies as these is too evident. They should be read by all students.

REPRINTS, ETC., RECEIVED.

Transactions of the Medical Society of the State of North Carolina, 1897.

Note on Diastatic Preparations. By Willis G. Tucker, M.D., Ph.D. Reprint from the *Albany Medical Annals.*

Faulty Metabolism, Nutrition and Growth. By W. A. Walker, M.D. Reprint from the *Journal of Practical Medicine.*

Electric Treatment in Gout and the Uric Acid Diathesis. By Robert Newman, M.D. Reprint from the *Medical Record.*

The Question of Pelvic Support. By Joseph Eastman, M.D. Reprint from the *American Gynecological and Obstetrical Journal.*

A Modified Operation for the Radical Cure of Inguinal Hernia. By John B. Deaver, M.D. Reprint from the *Annals of Surgery.*

A Preliminary Report on a Method of Overcoming High Resistance in Crookes' Tubes; a Possible Step to a Maximum Radiance. By William W. Graves, M.D. Reprint from the *American X-Ray Journal.*

Current Editorial Comment.

THE ETHICS OF ADOLESCENCE.

New York Medical Journal.

Why, in these days of widespread knowledge, the traditional preference of the past for ignorance in sexual matters should still obtain is a mystery. Is it possible that it is only another phase of man's domination over woman, maintained through the centuries by keeping her in the Stygian darkness of ignorance from which she is only now beginning to emerge into the bright sunshine of a fuller knowledge of life and all that it means, and that it has its mainsprings deep down in an unworthy motive?

THE CIGARETTE.

Southern Medical Record.

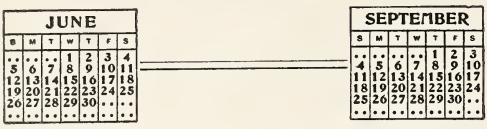
The Hon. Clark Bell has published a pamphlet on the cigarette and also the expressions of opinion from eminent physicians throughout the country. There is a singular unanimity of opinion from them that there is but little truth in the general clamor against the cigarette, except in the case of the young, when, of course, the habit is necessarily detrimental. It is very refreshing to see a long-standing, almost, through age, respectable, lie so cleverly nailed, and it is to be hoped that this work will give a permanent set-back to another sanctified fraud.

LIFE-INSURANCE EXAMINERS.

Canadian Practitioner.

Certainly the most important factor in the success of a life-insurance company is the efficiency of its medical examinations. It is in the interest of the policy-holders and stockholders alike that the very best men obtainable should make the examinations, and that the medical supervisors should be men of the highest order of excellence. Some of the companies recognize this and make careful enquiry before appointing their examiners. But too many allow themselves to be influenced by other motives, and medical directors, as well as local examiners, are chosen because of their social prominence, influential connections, or because of the amount of stock or insurance their wealth permits them to take. Directors are apt to be influenced by a doctor's reputation with the public. Unfortunately this is not a true index of his professional attainments, for men with very moderate attainments frequently have large practices.

Medical Meetings.



The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

August.

AMERICAN CLIMATOLOGICAL ASSOCIATION. Bethlehem, N. H., August 31, September 1. GUY HINSDALE, Philadelphia, Pa., Secretary.

September.

ARMY AND NAVY MEDICAL ASSOCIATION. Springfield, Ill., September 27. E. P. BARTLETT, Secretary, Springfield, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Buffalo, N. Y., September 13-15. JOHN GERIN, Secretary, Auburn, N. Y.

MISSOURI VALLEY MEDICAL SOCIETY. Council Bluffs, Iowa, September 15. DONALD MACRAE, JR., Secretary, Council Bluffs, Iowa.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Pittsburg, Pa., September 20-22. W. W. POTTER, Secretary, Buffalo, N. Y.

State Societies.

June.

MAINE MEDICAL ASSOCIATION. Annual meeting at Portland, June 1, 2 and 3, 1898. W. K. OAKES, M. D., President, Auburn, Me. CHAS. D. SMITH, M. D., Secretary, 126 Free Street, Portland, Me.

RHODE ISLAND MEDICAL SOCIETY. Annual meeting at Providence, June 2, 1898. WILLIAM A. GORTON, M. D., President, Providence, R. I. FRANK L. DAY, M. D., Secretary, Providence, R.I.

THE MASSACHUSETTS MEDICAL SOCIETY. Annual meeting at Boston, June 7 and 8, 1898. H P. WOLCOTT, M. D., President, Cambridge, Mass F. W. GOSS, M. D., Secretary, Roxbury, Mass.

MEDICAL SOCIETY OF DELAWARE. Annual meeting at Wilmington, June 14, 1898. P. W. TOMLINSON, M. D., President, Wilmington, Del. FRANK BELVILLE, M. D., Secretary, Delaware City, Del.

MINNESOTA STATE MEDICAL SOCIETY. Annual meeting at Mankato, June 16, 17 and 18, 1898. W. D. FLINN, M. D., President, Redwood Falls, Minn. I. DONNELLY, M. D., Secretary, St. Paul, Minn.

MEDICAL SOCIETY OF NEW JERSEY. Annual meeting at Asbury Park, June 21, 1898. D. C. ENGLISH, M. D., President, New Brunswick, N. J. WILLIAM J. CHANDLER, M. D., Secretary, South Orange, N. J.

August.

MEDICAL SOCIETY OF VIRGINIA. Annual meeting at Virginia Beach, August 30. LANDON B. EDWARDS, M.D., Richmond, Va., Secretary.

September.

IDAHO STATE MEDICAL SOCIETY. Moscow, Idaho, September 6. EDW. E. MAXEY, Secretary, Caldwell.

(*Continued on page* xvi.)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXIX.—No. 14. BALTIMORE, JULY 16, 1898. Whole No. 903

Original Articles.

CEREBRO-SPINAL FEVER.

By William Osler, M.D.,

Professor of Medicine, Johns Hopkins University.

A CLINICAL LECTURE ON SEVEN CASES AT THE JOHNS HOPKINS HOSPITAL, DELIVERED BEFORE THE POST-GRADUATE CLASS, JUNE 15, 1898.

I WISH to speak to you today about "a singular and very mortal malady," to use the words of Danielson and Mann, the original observers of cerebro-spinal fever in this country. We have been much interested in studying a series of cases that have come under our observation recently, and I thought the present a fitting opportunity to review the subject while it is fresh in your minds. The history of the disease in this country is given in various works. Hirsch's "Geographical Pathology" contains a very full statement. Volume I of Joseph Jones's "Medical and Surgical Memoirs" gives in many ways the best description of the early outbreaks, unless you wish to go to the original authorities. The recent monograph by Councilman, Mallory and Wright, issued by the Massachusetts State Board of Health, descriptive of the epidemic in and about Boston, is the best modern presentation of the subject from all standpoints.

Briefly summarized, the disease has appeared in this country in four different periods. In 1806, the year after the first description of the disease in Geneva, an outbreak occurred in Medford, Mass., which was very carefully studied by Danielson and Mann. During the next twenty years there were numerous outbreaks throughout the country. One of the early descriptions of the disease is by Dr. Williamson, who recorded an outbreak in this city in 1808. The second period dates from about 1840 to 1850. It was during this time that the disease was very thoroughly studied by Ames, of Montgomery, Ala. The third period extends from 1860 to 1874, in which there were severe local outbreaks. During the civil war there were numerous epidemics, those in the Northern army you will find referred to in the "Medical and Surgical History of the War," those of the Confederate forces are in this really extensive memoir of the disease by Joseph Jones. Since 1874 sporadic cases have occurred at intervals in different places, but there have been no extensive epidemics. In 1893 there were outbreaks in New York and Western Maryland, which were studied by Drs. Flexner and Barker, and in Boston and parts of Massachusetts there have been cases since the summer of 1896.

As an epidemic, cerebro-spinal fever presents several interesting points. The disease is never pandemic; that is, widely and extensively diffused over large areas of country, but the outbreaks are more or less localized. There is an absence of any continuous extension. Thus at present the disease lingers in Massachusetts. We have heard of cases occurring in parts of the Southern States, and we are probably here on the eve of an outbreak, and cases are reported to have occurred among the miners at Skaguay, on the way to Klondike. For years subsequent to an epidemic sporadic cases of the disease occur, and you will see year by year cerebro-spinal fever as a cause of death in the health reports of the larger Eastern cities. A majority of these cases are,

however, other forms of meningitis, or the cerebro-spinal form of typhoid fever.

Passing now to the more practical aspect of the question, let me read you brief abstracts of the histories of the seven cases which we have had under observation within the past few weeks.

Case 1.—On March 24 a colored boy, John H., aged twenty, was admitted, complaining of chills and fever. The history was very difficult to obtain, as he was incoherent. Subsequently we found out that he had been working at Hawkins's Point since August, where he had had frequent attacks of chills and fever. He worked until noon of the 21st, when he suddenly lost power in his left leg and sank to the ground. Placed on his mule he started home, but fell off several times. He states also that he lost power in both arms. This condition continued for the past three days, during which time he was not able to make a step alone. He was brought to the hospital by three men. His temperature shortly after admission was 103°

He was a well-nourished, healthy-looking boy. There was ptosis of the right eyelid, dilatation of the pupil of the right eye, but no strabismus. The spleen was not palpable. The patient sat up with difficulty, complained of a great deal of pain in the back. He sweated profusely during the examination. The examination of the lungs was negative. There was a leucocytosis of 26,000.

On the 24th herpes were present on the lips. There was very marked stiffness of the neck and retraction of the head. The temperatue during the first week was distinctly remittent, a diurnal range of from two to three degrees, the maximum between 103° and 104°.

On the 29th of March, the eighth day of his illness, Dr. Thayer obtained by lumbar puncture 40 cc. of a cloudy fluid without blood. It was sterile both on color-slips and in culture.

On the 30th and 31st the patient was very much better, the mental condition clearer. He was rational; the ptosis had disappeared, but there was still stiffness of the muscles of the neck. Between 8 P. M. on March 31 and 8 P. M. on April 1 the temperature fell from 102° to normal and remained so. He made a rapid convalescence, and left the hospital on May 12.

Case 2.—Henry T., aged twenty-three, was brought to the hospital actively delirious on April 10. There was nothing of moment in his family history.

Until April 6 the patient was well and strong. He worked on the morning of the 6th, and in the evening he had a violent shaking chill.

On the 7th he complained greatly of pains in his head and back. The temperature was 101°. He was very dull, and had a muttering delirium.

On the 8th the headache was very intense. The temperature ranged between 102° and 103°. He continued delirious on the 9th, and was brought to the hospital on the morning of the 10th.

On admission he was delirious, pupils were widely dilated; the tongue was dry and coated. The spleen could not be felt. There was no herpes. The temperature was 104°.

On the 11th the delirium continued. There was marked stiffness of the muscles of the neck, and there was a leucocytosis of 22,000. There were no rose spots, no eruption on the skin. Albumen and tube casts were present in the urine. The pupils were of medium size, reacted to light. He had had no special stomach symptoms.

On April 12 a lumbar puncture was made, and only about fifteen drops of a clear serous fluid was obtained, which was negative on cover-slips and also in culture media. The spleen was not palpable. The temperature was distinctly remittent, ranging from 100° to 102.5° and 103°.

On the 18th and 19th it was more continuous. On the 20th it dropped to 99°, and on the morning of the 21st he had a severe shaking chill, and the temperature rose to nearly 105°. The pupils were equal; the ophthalmoscopic examination showed nothing abnormal. Following the chill on the 21st the temperature fell again to 99°, and on the 22d there was a second severe chill, in which the temperature rose to nearly 105°, and fell to normal on the 23d, and the patient entered upon an uninterrupted recovery.

In this patient the sudden onset, the headache, the marked cerebral symptoms, the stiffness of the neck, the leucocytosis, which ranged from 22,000 to 28,000, and the absence of all signs of typhoid fever, the prompt recovery, suggested strongly cerebro-spinal meningitis, though the cultures were negative.

Case 3.—John G., school boy, aged eight, admitted April 21, with headache and pain in the back of the neck. His illness began five weeks ago. He was brought home one evening supported between two playmates, complaining of severe headache and pain in the back of the neck. He became delirious, and for six or seven days had high fever, retraction of the head and stiffness of the muscles of the neck, and a great deal of vomiting. These symptoms continued until admission.

He was very much emaciated, and looked as though he had been through a serious illness. The temperature was 102.5°. He still complained of headache, but seemed rational and answered questions promptly. The pupils were equal. He had signs of herpes about the septum of the nose. The spleen was not palpable. He was a little dull and heavy during the following day, and the neck seemed to be very stiff. He had a leucocytosis of 13,000. There was no Widal reaction. Two days after admission his temperature became normal and he began to improve, and got well very rapidly.

In this case the sudden onset, the marked cerebral symptoms for four or five weeks with retraction of the neck, the stiffness in which persisted after admission, and the absence of signs of typhoid, were also very suggestive of the cerebro-spinal fever. The lumbar puncture was not made in this case.

Case 4.—Wm. A., colored, aged twenty-eight, cook, admitted May 12, complaining of headache, pain and stiffness in the neck. He had been a very healthy man. The present illness began suddenly on April 14, four weeks previous to admission, with violent headache and nausea. That night he became delirious, and has been so at times ever since. For the four weeks he has had fever, sweating, pain in the head, retraction of the head and great stiffness in the muscles of the neck. On admission the temperature was 100.5°. He was rational, but drowsy, and slow in responding to questions. He lay on the left side, with the head markedly retracted and held stiffly. It could not be pushed forward even to a very slight extent either voluntarily or passively. There was no leucocytosis; the Widal reaction was absent. The retinae and nerves were negative.

On May 13 we noted that there was marked retraction of the head, which was held very stiffly and could not be lifted from the pillow without raising the whole body. The general condition seemed to be very good; temperature was 98°. On the following morning when I saw him he seemed rational. He sat up in bed himself, but was quite unable to move his head forward. From this time on he had no fever, gained rapidly, but the uncomfortable sensation of stiffness in the neck remained as late as June 11, the time of his discharge.

These four cases had aroused our suspicions, though two of them had come in practically convalescent, and in the other two we had not been able to arrive at a positive diagnosis from the lumbar puncture. Then in rapid succession three cases were admitted about which there could be no question, and which removed any lingering doubt as to the nature of the previous cases.

Case 5.—John L. H., aged thirteen, school boy, admitted May 31, with headache, much pain, and a temperature of 103°. He had been a very healthy boy, and came of healthy stock. On May 28, 29 and 30 he felt very ill, had pain in the head and persistent vomiting. On the 30th he said that he could not see out of either eye, and there was a droop in the right eye.

On admission he was a healthy-looking and well-nourished lad; temperature 103°. He was very restless, threw his arms about and talked irrationally. There was ptosis of the right lid; the right pupil was dilated, and there was marked strabismus. The head was not retracted, but it was held stiffly. The

pulse was full and bounding, 104. There were no changes in the retinae. There was a leucocytosis of 31,000. On June 1 his temperature rose to 105°. By lumbar puncture about 50 cc. of an opalescent fluid were obtained, which showed diplococci on cover-slips. On June 2 herpes developed on the nose, and purpuric spots appeared on the neck and chest. The temperature was remittent. It sank to 99° on the morning of the 2d, and rose throughout the day to nearly 104°. He cried out a great deal with pain in the head, and could not bear to have the neck touched or moved. When questioned he seemed perfectly rational, but when left to himself he had a wandering delirium.

On the 3d and 4th he seemed a little better. On the night of the 4th he became very much worse, very delirious, and tried to get out of bed. The pulse became more rapid; there were signs of marked bronchitis at the bases, and the leucocytosis reached nearly 45,000. He became very cyanosed, with an extraordinary fulness and pulsation of the peripheral veins. There was marked congestion and fulness of all the vessels of the retinae, but no optic neuritis. The temperature fell to sub-normal, 97°, rose on the 5th at 1 P. M. to 100°, when he died.

The report of the cultures by Mr. Knox under Dr. Flexner's supervision showed the diplococcus intracellularis. Cultures from the nose did not show any organisms.

In this case the boy died about the eleventh day of a very acute illness, and there was no question as to the nature of the trouble. The post-mortem, which most of you saw, confirmed the diagnosis. I will read you the anatomical diagnosis. Epidemic cerebro-spinal meningitis—basal and spinal exudate; acute sero-purulent ependymitis; bronchopneumonia and bronchitis. I show you here a portion of the cord which has been preserved, and you see how completely plastered it is with the exudate.

Case 6.—Martha K., aged eight, admitted June 1 in a state of unconsciousness. She had been a very healthy child. On May 30 she had been perfectly well, and had spent the day picking peas. On coming from the field she complained of headache, walked slowly, vomited and complained of pain in the back. At 7 P. M., when she reached home, she lay down on a bench and vomited again. She vomited also through the night. She was restless, but slept.

On the 31st she felt hot at times and cold, and slept all day, and could not walk. She had castor oil, and the bowels were moved. She was unconscious all day. There was no nose-bleeding.

On admission the temperature was 101°. She was unconscious, and the lips were dry. There were herpes at the angle of the mouth. There was marked retraction of the head and neck, but there was no pain. The spleen was not palpable. There was no rash on the skin.

On the 2d her temperature rose to above 104°. The condition remained practically the same. A turbid fluid was removed by lumbar puncture, which showed numerous diplococci. The leucocytosis has been from 20,000 to 25,000. On June 3 her condition was practically the same. The temperature was markedly remittent, dropped to 100.5° and then rose to nearly 105°. She had difficulty in swallowing; the retraction of the head was extreme, and at intervals there we. At 2 o'clock on this day an erythematous eruption was noticed over the neck. The respirations became very much increased. There were no changes in the retinae.

On June 4 she became very much worse; there was a patchy erythema on the hands; none on the trunk. The temperature rose again to nearly 105°, and she died on June 4, on the sixth day of her illness. The cultures showed the diplococcus intracellularis.

Case 7.—Edward R., aged forty-seven, admitted June 4 in a condition of active delirium. He had had a severe attack of cerebro-spinal meningitis five years ago, and he had also had pneumonia. He had been a heavy drinker. His illness began on June 2 with a chill. On the 3d he had a second chill, and became irrational, and his wife noticed the stiffness in the neck. He suffered very much with

his head, and breathed very heavily. He was very delirious all the night of the third.

On admission his face was flushed. There was visible pulsation in the vessels of the neck and Cheyne-Stokes respiration. The pupils reacted well, but were somewhat dilated. He was in a heavy stupor, breathed noisily, answered questions in a wandering way, and at once lapsed into a heavy sleep. The temperature was 102°. There was a leucocytosis of nearly 15,000.

On the morning of the 5th the temperature, which had fallen at 10 P. M. to 99°, rose to 105.6° at noon on the 5th. There was incessant tremor and clonic movements of the hands and arms. When turned on his side the head was held somewhat backward, and the neck was decidedly stiff. There was no optic neuritis. The patient's temperature remained high from noon on the 5th to 10 P. M., then dropped to 100° at 4 A. M. on the 6th. He then became rapidly worse, was profoundly comatose, cyanosed, and there was marked opisthotonos with a great spastic condition of the thumbs.

This morning for the first time purpur was noticed, which came out in quite large spots, especially marked on the legs. By lumbar puncture 10 cc. of turbid fluid was obtained. Cover-slips showed numerous diplococci. Throughout the morning of the 6th the patient became very much worse; the respirations were more rapid and the temperature rose progressively until in the evening at 8 P. M. it reached 108°, when he died, on the seventh day of his illness.

Cultures showed very characteristic diplococci. There was no autopsy.

The cases have come from various sections of the city, no two from a single street or house. Dr. Jones, the health officer, tells me that there has been a decided increase lately in the number of deaths certified as meningitis. Dr. Stokes had given him the statistics for the six weeks ending June 15. In 1896 during this period there were thirty-seven deaths from all forms of meningitis, in 1897 twenty-six deaths, while this year there were in the six weeks seventy-one deaths, a decided increase. Eleven of these had been certified as cerebro-spinal meningitis.

You have had an opportunity, while these early cases were in the wards, to study three other forms of meningitis, the tuberculous the so-called occlusive or posterior meningitis in a child, and that remarkable case of meningitis serosa in a woman in Ward G. Several important clinical features differentiate the meningitis of cerebro-spinal fever from these forms. In the first place, you will notice in marked contrast to the tuberculous form, the suddenness of onset in the cases. The little boy, you remember, was taken abruptly while at play, the little girl when returning from picking peas, and the first case, the colored boy, while he was at work on his mule. In Case 5 I repeatedly called your attention to the fact that though the lad was evidently very ill and quite delirious, yet he responded to questions intelligently, and evidently understood what was said to him. This was noticed in two other cases, and is very unusual in tuberculous meningitis when, as in these patients, the symptoms are pronounced. The more strictly basilar localization of the meningitis in cerebro-spinal fever accounts for the greater mental clearness. The early cases of an outbreak are always difficult to recognize, and though we had a strong suspicion as to the character of our first cases, we did not arrive at a positive conclusion until the fifth, sixth and seventh cases came under observation.

The symptoms presented by the cases were very characteristic, more particularly in all of them the stiffness of the muscles of the neck and back. The little girl, you remember, had such a degree of rigidity that the hand could be placed under the head and the whole body moved like a statue. She had also in the last day of her illness extreme opisthotonos, with aggravated stretching, extensor convulsions. In Case 7 there was almost tetanic rigidity of the muscles, and at times clonic contraction of the arms. Then in Case 4, the colored man who came in in the fourth week of the disease, though he was rational and the

fever subsided two days after admission, you will remember how stiffly his head was held, and the whole trunk could be lifted, owing to the rigidity of the neck. Early rigidity of the muscles of the neck and extreme tension and opisthotonos are very much more pronounced in cerebro-spinal fever than in any other form of meningitis. The temperature curve in these cases is of great interest. In the last three acute fatal cases it was distinctly remittent in type, and the diurnal range was often as much as two, three or even four degrees. In Case 7 the antemortem temperature was unusually high, 108°. You will have noted in connection with the blood the very pronounced leucocytosis in all but Case 4 (a convalescent) to 26,000 in Case 1, to 28,000 in Case 2, to 13,000 in Case 3, admitted in the fifth week, to 45,000 in Case 5, to 25,000 in Case 6, to 15,000 in Case 7.

The skin eruptions, which were so marked in the early epidemics, when the disease was indeed called petechial or spotted typhus, were not marked. In Case 5 there were a few purpuric spots about the neck and chest; in Case 6 there was an erythematous eruption about the neck and hands, and in Case 7 a purpuric eruption appeared on the legs. Herpes occurred in six of the seven cases. There is perhaps no acute fever, not excepting pneumonia, in which herpes is so frequent an accompaniment.

Of late years two points of very great moment in the diagnosis of the disease have been brought out, Quincke's lumbar puncture, which enables us now to make a comparatively early diagnosis, and the determination of the diplococcus intracellularis as the probable cause of the disease. The spinal puncture as recommended by Quincke is a perfectly harmless procedure. As you saw in the wards, it sometimes requires a little skill to get into the canal. Not only does it do no harm, but in some cases it seemed to be beneficial in relieving the pressure. A dry tap does not mean that meningitis is not present. In the cord from Case 5 the exudate in the meninges was of such a buttery consistency that it could not have flowed had tapping been made on the day of his death.

The diplococcus intracellularis was first isolated by Weichselbaum in 1887, and subsequently studied by von Jäger and others. The studies in the Boston epidemics have been of great moment, particularly those of Williams and of Wentworth in the determination of the presence of the diplococcus in the fluid obtained by lumbar puncture. In the thirty-five autopsies reported upon by Councilman, Mallory and Wright, the diplococci were found in cultures and on microscopical examination in all but four cases. In one of these they had previously been found in the fluid withdrawn by spinal puncture; two of the other cases were chronic, and in the fourth case there was a mixed infection with tuberculosis. This large percentage speaks very strongly in favor of the constant association of this organism with the disease.

We need additional careful studies on the various types of the disease. On returning to your home some of you may have opportunities of studying cases. The patients you have seen here presented the ordinary type. The fulminant form, which may kill in from twelve to twenty-four hours, has not been much studied of late, and upon it we need additional careful observations. The chronic type, too, is a very remarkable form. The only case I think we have previously had in the hospital was one of this sort, which I reported some years ago. In it the symptoms may persist for two or three months.

While the prognosis in other forms of meningitis is practically hopeless, that in cerebro-spinal fever is by no means bad for a large proportion of the cases. So far as we know, the meningitis due to the bacillus tuberculosis is uniformly fatal. That associated with the streptococcus, whether developing spontaneously or as a result of injury or ear disease, is also very fatal, and, so far as we know, recovery never occurs in the pneumococcus form. The death rate in cerebro-spinal fever varies greatly. Hirsch puts it from 20 to 75 per cent. Of the 111 cases collected in the monograph by Councilman, Mallory and Wright, seventy-six died, a mortality of 68½ per cent.

The treatment of cerebro-spinal fever is not in a satisfactory state. In our first four cases the recovery, so fas as one could judge, did not follow the use of any special drugs or any special plan of treatment. The appearance of the meninges, of the cord and of the base of the brain in Case 5 are not very encouraging as to any possible benefit from medicine. For the fever, sponging and other forms of hydrotherapy should be employed. An ice-cap should be placed upon the head. For the pain it is, as you saw in two of our fatal cases, necessary to give morphia, and it is very warmly recommended by both Stillé and von Ziemssen. Bichloride of mercury may be tried, and has indeed warm advocates. The question of counter-irritation is an important one. That the profession has abandoned in great part the use of blisters is evidenced by the fact that not one of these seven cases was blistered before admission. If thought advisable, the best method is to touch along the spine lightly with the Paquelin cautery. The use of the cold to reduce the fever, the administration of opium to allay the pain, and careful feeding to support the strength of the patient constitute the extent of our therapeutics in this formidable disease.*

*As I correct this lecture an eighth case has been admitted to the wards.

THE POLITZER AIR BAG.

By W. H. Baker, A.M., M.D.,
Lynchburg, Va.

THE life of a physician like ancient Gaul may be divided into three parts. The first ten years enthusiasm reigns supreme, entire and perfect faith in the efficacy of medicine. Second ten years, much doubt, belief in the remedial effects of some medicine, and only partial enthusiasm. Third and last, stronger doubt, and lack of faith in the efficacy of all medicine, enthusiasm entirely dissipated. A constant feeling or fear that the deceased patient may have done better without medicine, and a stronger inclination to stick to the expectant plan.

The main cause of this undesirable state of mind is the much applauded and oft useless remedy or surgical procedure that finally and often very quickly sinks into a more or less deserved state of innocuous desuetude. Frequently the real usefulness of a remedy is destroyed by the extravagant claims made for it by interested parties, and when found by the profession to fall short of these claims, all belief in any of the things claimed for it is destroyed, and it is discarded in disgust, its real usefulness lost, and it quickly falls into an undeserved oblivion. In view of the above facts, the continued popularity of certain remedial agents of doubtful efficacy is passing strange.

No department of medicine offers more in the beginning and yields less in the end than the treatment of aural diseases. Some years ago a gentleman of Vienna invented a little instrument for inflating the middle ear, which he was pleased to call an air bag. With his name attached it is known to the medical world as "Politzer's Air Bag." A little device to be used for the purpose of inflating the intratympanic cavity through the nasal and Eustachian tracts.

This simple little instrument immediately found favor with the profession in general, and succeeded in carrying the inventor's name to the remotest parts of the earth, and strange to say, that after the lapse of many years, it still holds an enviable place among the classics, although many better things have been neglected and treated with contumely.

No aurist today would consider his armamentarium complete without an air bag. And the use of it is almost coincident with the number of ear patients he may have. No doubt many aurists, in the twilight hours of the day's retrospection, wonder why they use it so often in the day's work, when the simple method of Valsalva is equally as efficacious and much easier of application. The classic Politzer air bag, without the modifications and additions suggested by such men as Turnbull, Brinton, Allen and others, who have perhaps improved its usefulness, enjoys a reputation far beyond and not at all commensurate with its real value as a remedial agent. The middle ground between the method of Valsalva and the Eustachian catheter is so narrow that it is doubtful whether so

large a thing as a Politzer bag can stand upon it.

My experience has been that in all cases where the bag is used successfully the inflation of the tympanic cavity can be accomplished just as well by the method of Valsalva, with the danger attending forcible inflation entirely eliminated. The friends of the instrument claim that it is a great help in arriving at an exact diagnosis in case of depressed tympanum from some obstruction about the Eustachian tube; that by a succession of strong quick puffs or blasts of air through the nose and into the pharynx we can judge the cause of the obstruction and its location by the character of the sounds heard through the auscultation tube; the harsh sounds produced by the breaking up of the viscid mucus in the vault of the pharynx can be distinguished from the râles produced by serum in the cavity of the middle ear, followed by the characteristic click of the drum membrane when forced into its normal position.

All these things can be done by the method of Valsalva, and with much more comfort and much less danger of producing labyrinthine hemorrhage, congestion of the ossicular connections and rupture of the membrane. It is also claimed that the method of Politzer is the best means to be used for inflating the drum cavity in children, as in these cases the Eustachian tube is so short that there is danger of injuring the middle ear with the catheter. Children can usually be persuaded to allow the bag to be used once, the first time, when they have never experienced its effect, but even then the appearance of the instrument creates grave suspicions in the mind of the child of coming disaster, and the sudden forceful blast of air into the pharynx usually passing into the ear confirms their suspicions, and as a rule a child will never permit its use again without a great deal of coercion on the part of the parent.

On the other hand, it only requires a few minutes to teach the ordinary child to close the nose and mouth and then to force the air from the lungs up into the head. When once the method is learned they never object to it, and therefore the inflation of the middle ear can be accomplished as frequently as desired. I am ready to admit that medication of the Eustachian tube and middle ear can be done with the air bag, but not without the mixture of the medicament with the secretions from the nasal cavities. To say the least, not a desirable mixture. The catheter is by far the better instrument for this purpose.

On account of the short, sharp blasts of air the air bag enables us to force into the intratympanic cavity, it is of use in cleansing that cavity after an incision of the membrane for the purpose of relieving the middle ear of abnormal secretions in cases of otitis. It is also well to inflate the ear after tenotomy of the tensor tympanii with the air bag; this can be done by the method of Valsalva, which may not be so effective in coaptating the edges of the wound. The habit of placing the instrument in the hands of the laity frequently does harm, and a minimum, if any good, follows their use of it; and it may be the cause of trouble to the recipient of the instrument, and a source of danger to the hearing of his friends, when we consider human weakness for lending and borrowing remedial agents of all kinds.

When a student I gathered from the remarks of my instructors on the subject of middle ear diseases that the Politzer air bag was by far the most important instrument in the successful treatment of these diseases. "A delusion and a snare." It was believed to have accomplished wonders, especially in case of temporary loss of hearing from a bad cold, caused by swelling or collection of mucus about the orifice of the Eustachian tube. By the use of the air bag the hearing would immediately be restored, much to the astonishment and delight of the grateful sufferer, whose everlasting gratitude would be punctuated at frequent intervals by a complimentary check on the best bank in town. These cases will recover of themselves if let alone, and my practice has been to treat the throat with an application of argenti nitras, and tell the patient to inflate the ear by blowing into the head.

By this practice I have lost all the com-

plimentary checks that were to greet me after a miraculous and wonderful restoration of hearing by the method of Politzer. The air bag has never been neglected by me. It has been used in my practice thousands of times, and only once did the miracle of immediate restoration of the hearing follow, and in that case the same result would have followed the simple method of Valsalva.

I have written this short article in order to call attention to the fact that the harmless air bag is not always harmless, and that simpler and safer methods may often be used.

LATERAL CURVATURE OF THE SPINE.

By Wirt A. Duvall, A.M., M.D.,
Baltimore.

Lateral curvature of the spine is a permanent lateral deviation of the spinal column or a portion of it from the natural physiological direction.—Drachman.

Accepting this very generally recognized definition of lateral curvature as true, it leaves a matter of conjecture as to what is the physiological or correct spine. The perfect mortal (anatomically speaking, of course) we picture mentally after reading Gray, and exact measurements of human proportions we leave for writers of fancy and maiden ladies. Only those displacements which affect the health and happiness of the individual should receive the attention of the surgeon.

Of all the deformities probably none is more frequent than that of lateral curvature of the spine. While age and sex, environment and general hygienic conditions, play their important part in the study of the malady, yet it attacks all, old and young, male and female, white and black. The young suffer more than the old. Statistics show about 55 per cent. of all cases before the twentieth year, and of this about 80 per cent. are females. What an appalling condition! The one individual that should be the nearest approach to perfection, anatomically and otherwise, the future white mother, is dangerously faulty as to her framework, and, too, to a very great extent. Her sister in black is almost free from this trouble.

Of the causes there are two of a general character, acquired and hereditary. To the acquired form I wish to invite your thought. Says one writer: "By far the greater number are acquired, and the predisposing cause is sex, girls being in the proportion of five to one boy." (Kölliker and Ketch.)

Why is this? Because girls wear corsets. This is the cause given by the late Dr. Atlee of Philadelphia. "Look at that interesting, delicate girl, pallid and wan, struggling wearily under her weight of clothing, which the strongest of her sex should not tolerate. All suspended from her shoulders? No, but upon her constricted waist."

Why is this condition? The dress habit, like the drug habit, is slow to fasten itself on, but hard to get rid of. Other causes, such as the faulty school desks, unfortunate daily occupation, but no cause, in the humble opinion of the writer, so prolific as the corset.

They act as splints to the backbone and thus weaken that which binds together the bony segments.

What is needed at all times is a backbone stiff enough to need no splinting. Throw away the corsets and tone up the ligament and muscles. To those of us who have had the privilege to listen to Tiffany these words are more familiar: "Remove the cause and put the part at rest." As a guide to the line of treatment, it can be said with equal emphasis, "Remove the corset and put the parts to work."

The normal spine is made up of a series of peculiar-shaped bones placed one upon the other and so relatively arranged as to form a protection for the delicate parts entrusted by nature to their care. This normal spine has its normal curves, and, too, for a purpose. They are the outpost.

The Silent Architect having arranged the column, with its curves, the maintenance of its integrity of continuity becomes a lasting duty. This can only be done by keeping as near to perfect health the strong bands that bind together these peculiar bones in their beautiful arrangement. Too much cannot be said against

those bits of apparel that prevent the proper employment of the spine, thus retarding a proper development. What follows in the train of a well-developed lateral curvature time does not admit for discussion now, but it can be said that there are many today, the victims of disease, that has for its able ally that which stands as one cause of lateral curvature—the corset.

Reckoning this bit of apparel as a great factor in the causation of this malady, we must charge the results of these displacements to this garment. Lateral displacements so change the relative positions of the bony segments of the spine as to encroach upon the lumen of the spinal canal, thus producing pressure upon the cord not only at the point of greatest curvature, but at points distant therefrom. This pressure may be ever so slight, but the effects are present doubtless long before the clinical symptoms are manifest. While lateral curvature may not be charged with the production of all diseases, even unto toeache, it nevertheless does reduce the resisting power by faulty stimulation.

More attention should be given to dress reform in general, but a warfare should be waged against the corset till they are a thing of curiosity and an object of scorn. The healthy spinal column needs no splint; it needs activity, like the brain. Decay follows loss of motion. The elasticity of the ligaments is the best proof of this. Put off the splints and let the backbone get its natural stiffness through activity and health-giving motion. This done, and generations yet to be will rise up in thankful remembrance.

Meteorological Influence on Epileptic Attacks.—M. W. Sokolow (British Medical Journal), from a number of tabulated observations, comes to the conclusion that there is a certain regularity and arrangement in the occurrence of epileptic attacks. He holds that the earth's magnetism exercises an as yet unexplained but undoubted and constant influence on epileptic patients as far as the disease manifests itself in fits. Further and long-continued observations are needed to clear up the subject.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

ONE-HUNDREDTH ANNUAL SESSION, HELD AT THE HALL OF THE FACULTY, APRIL 26 TO 29, 1898.

The following new members were elected: Drs. Harry Adler, C. F. Blake, H. F. Cassidy, S. M. Cone, A. C. Crawford, H. W. Cushing, Frederick Dobyns, W. H. Feddeman, F. D. Gavin, A. T. Gundry, C. W. Hartwig, Nathan Herman, A. P. Herring, J. L. Hirsh, J. U. Hobach, Louise D. Holmes, J. G. Huck, H. E. Knipp, S. P. Latané, W. B. McDonald, A. McGlannan, E. L. Mellus, J. N. Morris, B. P. Muse, E. R. Owings, W. B. Perry, H. E. Peterman, H. G. Prentiss, R. Reuling, W. M. Roberts, H. M. Simmons, W. P. Smith, John Turner, Jr., W. B. Wolf, H. H. Young of Baltimore, R. L. Annan of Emmittsburg, J. S. Bowen of Mt. Washington, Howard Bratton of Elkton, C. H. Brooke of Brooklyn, F. E. Brown, Carroll, J. S. Chaplain of Trappe, H. E. Clemson of Port Deposit, Rollin P. Collins of Bishopsville, J. M. Corkran of Centreville, G. S. Dare of Rising Sun, Cornelius Dewcese of Catonsville, F. C. Eldred of Sparrow's Point, J. M. Gaines of Hagerstown, W. H. Gibbons of Croom, T. B. Hall of Mt. Winans, J. T. Hammond of Berlin, J. H. Hessey of Hainesville, T. A. J. Holloway of Bishopsville, J. H. Jenness of Rising Sun, T. B. Johnson of Adamstown, C. P. Jones of Snow Hill, G. H. Jones of Buena Vista, P. Jones of Snow Hill, M. R. Latimer of Aquasco, T. P. Lloyd of Pocomoke City, J. B. Merritt of Easton, L. W. Morris of Salisbury, G. T. Motter of Taneytown, H. L. P. Naylor of Pikesville, S. H. Speake of Nanjemoy, G. M. Stump of Perryville, L. G. Taylor of Perryville, W. F. Taylor of Laurel, F. H. Thompson of Annapolis, A. F. Van Bibber of Belair, J. V. Wallace of Chesapeake City, S. R. Waters of Watersville, J. F. B. Weaver of Manchester, J. S. Whitaker of Cherry Hill, J. S. Woodward of Sparrow's Point, J. M. Worthington of Annapolis, J. F. Zacharias of Cumberland.

Dr. Ellis then announced the appointment of the following committees:

Library—Drs. George J. Preston, William Osler, E. F. Cordell, Harry Friedenwald and S. K. Merrick.

Publication—Drs. J. Williams Lord, W. F. A. Kemp, Thomas A. Ashby, Robert T. Wilson and John S. Fulton.

Memoirs—Drs. E. F. Cordell, Samuel C. Chew, Henry M. Hurd, R. H. Goldsmith and Walter B. Platt.

Ethics—Drs. William Green, Henry M. Wilson, William F. Lockwood, Henry M. Thomas and Joseph T. Smith.

Programme—Drs. J. Williams Lord, William H. Welch, John S. Fulton, Charles M. Ellis and William B. Canfield.

Legislation—Drs. George H. Rohé, John H. Jenness, John D. Blake, Clotworthy Bernie and W. Frank Hines.

Curator—John Ruhräh.

Membership—Drs. Charles W. Mitchell, J. M. Hundley, J. M. Craighill, J. C. Clark, David Streett and W. R. Stokes.

Preventable Blindness—Drs. Herbert Harlan, E. J. Bernstein, George A. Fleming, Harry O. Reik, Thomas H. Brayshaw and Charles F. Nolen.

General Sanitation—Drs. Edward Schaeffer, Mary Sherwood, C. Hampson Jones, John S. Fulton, Joseph E. Gichner, Howard Bratton, William J. Todd and Lillian Welsh.

Finance—Drs. Thomas A. Ashby, Howard A. Kelly, L. McLane Tiffany, Wilmer Brinton and William Whitridge.

Centennial Observance—Drs. Samuel T. Earle, Thomas S. Latimer, Thomas A. Ashby, John J. Pennington, G. Lane Taneyhill, J. Whitridge Williams, Charles M. Ellis and J. McPherson Scott.

County Medical Societies—Drs. Chas. M. Ellis, J. R. Trimble, W. S. Thayer, John C. Hemmeter, John D. Blake, W. A. B. Sellman and Samuel T. Earle.

Delegates to the meeting of the American Medical Association, in Denver, in June next—Drs. Harry O. Reik, Herbert Harlan, John D. Blake, T. C. Gilchrist, George A. Fleming, Robert L. Randolph, W. H. Feddeman, John T. King, James Bordley, H. E. Knipp, Charles W. Larned, J. H. Hardcastle, George S. Dare, John C. Harris and J. B. Wallace.

Delegates to the Virginia Medical Society—Drs. Robert T. Wilson, J. Williams Lord, Samuel Peachy Latané and William P. Chunn.

Delegates to the Delaware Medical Society—Drs. Thomas H. Brayshaw, William B. Canfield, Charles H. Riley, Harry O. Reik, Charles O'Donovan and B. B. Browne.

Delegates to the Pennsylvania Medical Society—Drs. Brice W. Goldsborough, Edwin Geer, S. J. Fort and W. C. Sandrock.

Delegate to the Boston Academy of Scientists, which meets in August next—Dr. R. M. Hall.

The following officers were elected for the coming year: President, Samuel C. Chew; vice-presidents, Mary Sherwood of Baltimore and J. McPherson Scott of Hagerstown; recording secretary, J. Williams Lord; assistant secretary, Robert T. Wilson; corresponding secretary, W. Guy Townsend; reporting secretary, H. O. Reik; treasurer, Thomas A. Ashby; trustees, L. M. Tiffany, T. A. Ashby, G. Lane Taneyhill, I. E. Atkinson, Wilmer Brinton, William Osler, George J. Preston, George H. Rohé, William H. Welch, Clotworthy Birnie; executive committee, William Osler, William H. Welch, L. McLane Tiffany, Robert W. Johnson; ex-officio, the president, secretary and treasurer; examining board for Western Shore, John Neff, Delano Ames, Aaron Friedenwald, J. Tyler Smith, William Green, R. B. Norment, M. B. Billingslea; examining board for Eastern Shore, Jas. A. Stevens, Charles F. Jones, J. M. H. Bateman, B. W. Goldsborough, W. Frank Hines.

In the Exhibition Hall of the Faculty-rooms the following manufacturers and their products were represented:

Amyl Kijo Chemical Co.—Amyl Kijo; C. Bischoff & Co.—Kryofine; J. S. Briggs—McDannold Surgical and Gynecological Chair; Doliber-Goodale Co.—Mellin's Food; Iron Milk Co.—Aromatic Iron Milk; Keller Pharmacal Co.—Trinolea; Malt-Diastase Co.—Maltzyme; Mellier Drug Co.—Tongaline; The Maltine Co.—Maltine Preparations; Parke, Davis & Co.—Fluid Extracts; Smith, Kline & French—Eskay's Food; H. H. Von Lackum—The Yale Physician's Chair.

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MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JULY 16, 1898.

Improved Sanitary Measures.

THE State Board of Health of Maryland is endeavoring to collect the vital statistics of the State, and the work can only be accomplished by the active co-operation of every physician and health officer in the State. The new law, while not as complete as might be wished, is so drawn up as to allow a great improvement in the collection of this useful information, and the secretary has been most attentive in replying to questions of information from physicians throughout the State.

While the State laboratory should theoretically be of great use to all physicians who wish specimens examined, still the difficulty of transporting such substances as sputum, urine and throat secretions are so great that in many cases they are practically prohibitive. The government does not allow liquids to be sent through the mails unless they are enclosed in a specified receptacle, which is patented, and which is so expensive that it, together with the required postage, would naturally prevent many from indulging in this luxury; and while express companies might be induced to carry such specimens at a fixed reduced rate, provided they could get enough of that business, the express companies do not reach so many places where mail facilities are available. The State Board of Health will make every endeavor to overcome these difficulties and give the physicians of the State the same improved modern facilities of making a scientific diagnosis as city physicians now enjoy.

The meeting of the General Baggage Agents' Association, which was held last week at Glen Summit, Pa., was held to consider uniform rules for the transportation of bodies dead of infectious diseases. This meeting was attended by a committee of this association, together with committees from the National Funeral Directors' Association and a committee from the State Boards of Health. On the latter committee was Dr. John S. Fulton of the State Board of Health of Maryland. The object is to endeavor to cause a uniform adoption of such rules by all States and municipalities so that there shall be no delay in transporting bodies, especially in warm weather, and so that it shall be done in a manner not dangerous to the community.

The difference in State laws has always caused friction in many respects, and just now there is a tendency for States to come to some uniform rule to expedite all interstate transactions.

The differences in the boards of medical examiners for the various States, and the fact that some States have no such laws, have caused many difficulties, and, as is usual in so many cases, it is often the innocent that suffer. A quack may visit a section and display his work boldly and either go unharmed or escape on some legal technicality, while a physician, well known and prominent in one State, may be worried by some less successful neighbor just because he happens to spend some time in another State and has given a few prescriptions. A national board of health is needed, and a national board of medical examiners is equally important.

* * *

Pure Water.

THE chances for pure drinking water for Baltimore are very slight, and after members of the city council have finished their junketing the outcome will probably be that things will go on as before. Baltimore obtains its water supply from two principal sources, and if any is filtered all will have to be filtered. Baltimore is sadly in need of intelligent advice on this subject.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 9, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	3
Phthisis Pulmonalis	..	20
Measles	23	3
Whooping Cough	4	4
Pseudo-Membranous Croup and Diphtheria	22	4
Mumps	..	..
Scarlet Fever	7	1
Varioloid	..	..
Varicella	..	.
Typhoid Fever	6	5

There are still many cases of typhoid fever at York, Pa.

Dr. Joseph T. Smith is dean of the Woman's Medical College at Baltimore.

Dr. F. J. Hancock, a prominent physician of Middlesex county, Virginia, is dead.

Dr. H. H. Biedler has received the degree of A.M. from Loyola College, Baltimore.

Dr. Charles M. Ellis of Elkton declines to be a candidate from his district for Congress.

The hospital ships are a great comfort to the marines, who in former times did not have such luxuries.

According to the daily press the Battle Creek Sanitarium has been sold to a strong syndicate.

It is officially reported that the Hygeia and Chamberlain hotels at Old Point will be used as hospitals.

The Kentucky State Medical Society at its recent meeting passed resolutions against contract practice.

The American Pharmaceutical Association will hold its next annual meeting in Baltimore from August 29 to September 1.

Forty-seven took the degree of M.D. at the recent commencement of the Baltimore University School of Medicine at Baltimore.

Dr. H. W. Schultz, a practicing physician of Baltimore and about sixty-eight years old, died at the Maryland General Hospital after a lingering illness from tuberculosis.

It is stated that the Governor of New Jersey appointed a homeopathic surgeon on the board to examine surgeons for the army, but on account of great opposition the name was withdrawn.

Dr. Oscar G. Lumpkin died at Hagerstown. He was a graduate of the Baltimore Medical College and was formerly connected with the lying-in institution of that college. He had been practicing about two years.

Dr. Samuel C. Wegefarth was drowned near Baltimore while swimming. He was a practicing physician of Baltimore, had formerly been a health inspector, and was about twenty-five years old and a graduate of the Baltimore Medical College.

Dr. Charles C. Bombaugh, the founder and for thirty-three years the editor of the *Baltimore Underwriter*, has retired and laid down his pen. Dr. Bombaugh has long been known through the insurance world as the leading journalist in his department, and by his untiring effort and great editorial ability made the *Underwriter* such an important publication. Mr. James M. McClellan, the former manager, will succeed to the editorial chair.

Secretary Alger has approved a recommendation of the surgeon-general of the army that physicians appointed by a governor of a State to fill vacancies in regiments should be examined by a board of three physicians appointed by the governor and without expense to the United States. The certificate of this board, that the candidate had passed a successful physical and professional examination, will be accepted by the War Department as evidence of his fitness for the place.

There have been many deaths among the profession in the past few weeks. One of the saddest is the death of Dr. Louis E. Livingood, whose name was among the list of those lost on the ill-fated Bourgogne. There is still some slight hope that he has been saved, but the chances of this are very small. He was thirty-two years old and was born in Reading, Pa. He received the degree of A.B. at Princeton in 1890, the degree of M.D. at the University of Pennsylvania in 1895, was fellow in pathology at the Johns Hopkins University in 1895 to 1896, was then made assistant in pathology, and this past year had just been appointed associate in pathology. He was leaving for special study in his branch in Europe.

Washington Notes.

Typhoid fever has developed at Camp Alger, near Washington.

Dr. J. A. Harrison of Washington died at his home as a result of heat-stroke. He was born in 1846.

Ex-Senator Cameron has offered to the government his estate on St. Helena Island, opposite Port Royal, S. C., for hospital purposes.

There were 177 deaths in the District the past week, making a death rate of 32.8. There were three deaths from diphtheria, eight from typhoid and two from measles.

Drs. P. C. Hunt and H. F. Harding have been appointed by the District Commissioners as physicians to the poor to serve during the absence of Drs. J. R. Tubman and R. L. Lynch.

Yellow fever has been successfully stamped out by the Marine Hospital Service. All of the twenty-four cases have recovered, leaving the entire country without a known case of yellow fever.

A recent exhibit of the work of the children at Franklin School demonstrates what can be done by systematic training of backward children. The system carries hand in hand the physical, manual and mental training of the child.

Mrs. Sophia Murray, an old resident of the District, died recently at the age of 104 years. She was the mother of fifteen children, and had twenty-seven grandchildren and twenty-one great-grandchildren. She was married five times and buried all of her husbands.

Dr. Wm. P. Young has recently addressed a letter to the District Commissioners describing how the Potomac is being polluted by the body of a dead horse in the river a few miles above Great Falls. He also asked to have the matter fully presented to the citizens of Washington and to the Maryland authorities, who have extended jurisdiction over the Potomac, and, if necessary, an appeal be made to Congress.

The Daughters of the American Revolution have supplied the government hospitals with 4000 garments and are prepared to send many thousand more. Boxes of oranges and lemons and other supplies have been furnished weekly to Camp Alger division hospitals by the organization. Besides this work there are many of their nurses in the Naval Hospital at Norfolk and the Leiter Hospital at Chickamauga.

Book Reviews.

Atlas of Legal Medicine. By Dr. E. von Hofmann, Professor of Legal Medicine and Director of the Medico-Legal Institute at Vienna. Authorized Translation from the German. Edited by Frederick Peterson, M.D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York, etc. Assisted by Aloysius O. J. Kelly, M.D., Instructor in Physical Diagnosis, University of Pennsylvania, etc. Fifty-six Plates in Colors and 193 Illustrations in Black. Philadelphia: W. B. Saunders. 1898. Price $3.50. [Saunders' Medical Hand Atlases.]

This is a very remarkable book in many respects. It is evidently a work which has cost no small labor and expense in the production, and, as the title indicates, it is an atlas, for it contains 193 illustrations and fifty-six plates, showing many horrible pictures which may be presented at any time to the physician. The translation, which was done by Dr. Kelly, is very creditable, but the work was not heavy, as so much of the space is taken up by the illustrations. Indeed, the work untranslated would be extremely useful even to those not reading German, for it is in so many instances self-explanatory. The price of this book is very small considering the great expense which such a large number of colored plates and good illustrations must have demanded. As this is the work of an expert, who has recently died, its value will be appreciated by those who have made a study of medico-legal medicine. The artist who did the illustrating is not to be envied for the gruesome sights which he has witnessed.

Curious By-Paths of History, with Medico-Legal, Historical Studies and Observations. By Dr. Cabanès. Frontispiece by Daniel Vierge. Engraved on copper by F. Massé. (Rights of reproduction reserved.) Paris: Libraire des Bibliophiles. Charles Carrington, editeur, 13 Faubourg Montmortre. 1898.

This remarkable work belongs to the set under the head of "Pathological Studies of the Past," and this particular work is a marvel of the bookmaker's art, and is one of a limited edition of 500 and printed on the finest paper, with a handsome copperplate, showing that the publishers have spared no expense to bring out an *édition de luxe*. Judging from his preface, the author and publisher have received a rather strong roasting from the English reviewers condemning the book, and, as a natural result, increasing its sales. The subjects

are unusual, to say the least, for one chapter is on the "Teeth of Louis XIV," one on the "Clandestine Accouchements of Mlle. de la Vallière," one on the "Infirmities of Sophie Arnould," one on the "Necropsy of Charlotte Corday," and one on the "Superstitions of Napoleon I." Many of the chapters are rather short, but they all bear evidence of historical accuracy, and perhaps show up the side lights of a period which are not usually exposed to the public view.

REPRINTS, ETC., RECEIVED.

The Treatment of Choleraic Diarrhea. Lambert Pharmacal Co., St. Louis, Mo.

Transactions of the Medical Society of the District of Columbia, 1897.

Thirteenth Annual Report of the New York Post-Graduate Hospital, 1897.

Tenth Biennial Report of the Maryland School for the Deaf and Dumb, 1897.

Kryofine in Influenza. By Dr. Dresler. Reprint from *Therapeutische Monatshefte.*

Authors and Journals. By Seth Scott Bishop, M.D., LL.D. Reprint from the *Laryngoscope.*

Clinical Tests of New Remedies. By Seth Scott Bishop, B.S., M.D. Reprint from the *Laryngoscope.*

Long, the Discoverer of Anesthesia. By Hugh H. Young, A.M., M.D. Reprint from the *Johns Hopkins Hospital Bulletin.*

The Auscultoscope or Phonendoscope *versus* the Binaural Stethoscope. By Charles Denison, A.M., M.D. Reprint from the *Journal.*

A Case of Pseudo-Lupus Vulgaris Caused by a Blastomyces. By T. Caspar Gilchrist, M.R.C.S., and William Royal Stokes, M.D., Baltimore. Reprint from the *Journal of Experimental Medicine.*

The Cure of Vesico-Vaginal Fistula by the Free Dissection of the Bladder from its Vaginal Attachments and Closure with the Buried Continuous Tendon Suture. By H. O. Marcy, M.D. Reprint from the *Journal.*

On the Presence of Nerves in Tumors and of Other Structures in Them as Revealed by a Modification of Ehrlich's Method of "Vital Staining" with Methylene Blue. By Hugh H. Young, A.M., M.D. Reprint from the *Journal of Experimental Medicine.*

Current Editorial Comment.

HOSPITALISM.

Medical Standard.

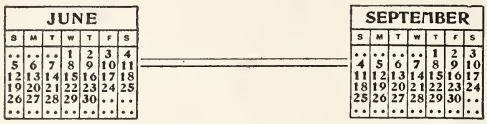
All over the country in towns of 5000 and upward hospitals are being established by aspiring surgeons, and these hospitals will repeat the abuses of those of the larger cities. It is true that the ideal place for the treatment of the sick is in the hospitals; the abuse does not lie in the number of the hospitals, but in their management. Hospital charlatanism is tending to commercialize and disorganize the profession, and not until these hospitals are owned and controlled by the entire profession of their respective communities will they be run for the benefit of science and humanity.

ETHICS OF MEDICAL WRITING.

Canadian Journal of Medicine and Surgery.

We cannot say that we agree with the views of our respected exchange, the *Philadelphia Medical Journal,* expressed in an editorial appearing in its issue of the 19th ult., wherein it claims that all editorials appearing in medical journals should go unsigned, and that the journal should assume all responsibility therefor. It is only a matter of a difference of opinion, and our contemporary has a perfect right to its own, but not necessarily to insist that such should be generally adopted. We think that the staff of any particular journal who take sufficient active interest in its welfare to contribute to its pages should assume the responsibility, if responsibility there be, of their particular views on any subject, otherwise at some juncture might be a certain amount of confusion. We will suppose, for example, that one member or a staff of collaborators wishes to write a short article on serum therapy, in which he incorporates certain ideas not in accord with all of his confreres. Why, in that case, should the editor-in-chief of that journal have to stand the brunt of the battle if afterwards any discussion ensued on the subject? We think that what a writer says in print, be it in the form of an editorial or otherwise, he should be prepared to stand by. Perhaps our contemporary holds the opinion that, by the initialing of such paragraphs, the writers have a foolish idea that it gives them a certain amount of quiet advertising among their confreres. Nothing so small. It simply entails responsibility for views expressed.

Medical Meetings.



The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

National Associations.

June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

August.

AMERICAN CLIMATOLOGICAL ASSOCIATION. Bethlehem, N. H., August 31, September 1. GUY HINSDALE, Philadelphia, Pa., Secretary.

September.

ARMY AND NAVY MEDICAL ASSOCIATION. Springfield, Ill., September 27. E. P. BARTLETT, Secretary, Springfield, Ill.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Buffalo, N. Y., September 13-15. JOHN GERIN, Secretary, Auburn, N. Y.

MISSOURI VALLEY MEDICAL SOCIETY. Council Bluffs, Iowa, September 15. DONALD MACRAE, JR., Secretary, Council Bluffs, Iowa.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Pittsburg, Pa., September 20-22. W. W. POTTER, Secretary, Buffalo, N. Y.

State Societies.

June.

MAINE MEDICAL ASSOCIATION. Annual meeting at Portland, June 1, 2 and 3, 1898. W. K. OAKES, M. D., President, Auburn, Me. CHAS. D. SMITH, M. D., Secretary, 126 Free Street, Portland, Me.

RHODE ISLAND MEDICAL SOCIETY. Annual meeting at Providence, June 2, 1898. WILLIAM A. GORTON, M. D., President, Providence, R. I. FRANK L. DAY, M. D., Secretary, Providence, R.I.

THE MASSACHUSETTS MEDICAL SOCIETY. Annual meeting at Boston, June 7 and 8, 1898. H P. WOLCOTT, M. D., President, Cambridge, Mass F. W. GOSS, M. D., Secretary, Roxbury, Mass.

MEDICAL SOCIETY OF DELAWARE. Annual meeting at Wilmington, June 14, 1898. P. W. TOMLINSON, M. D., President, Wilmington, Del. FRANK BELVILLE, M. D., Secretary, Delaware City, Del.

MINNESOTA STATE MEDICAL SOCIETY. Annual meeting at Mankato, June 16, 17 and 18, 1898. W. D. FLINN, M. D., President, Redwood Falls, Minn. I. DONNELLY, M. D., Secretary, St. Paul, Minn.

MEDICAL SOCIETY OF NEW JERSEY. Annual meeting at Asbury Park, June 21, 1898. D. C. ENGLISH, M. D., President, New Brunswick, N. J. WILLIAM J. CHANDLER, M. D., Secretary, South Orange, N. J.

August.

MEDICAL SOCIETY OF VIRGINIA. Annual meeting at Virginia Beach, August 30. LANDON B. EDWARDS, M.D., Richmond, Va., Secretary.

September.

IDAHO STATE MEDICAL SOCIETY. Moscow, Idaho, September 6. EDW. E. MAXEY, Secretary, Caldwell.

(*Continued on page* xvi.)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXIX.—No. 15. BALTIMORE, JULY 23, 1898. Whole No. 904

Original Articles.

HEREDITARY SYPHILIS.

By Henry Alfred Robbins, M.D.,

President of the South Washington Free Dispensary, Washington, D. C.

LECTURE NO. 15, MAY 28, 1898.

RECENTLY we have shown you twelve little patients, who have in one form or another exhibited many of the manifestations of syphilis. This little patient, aged three years, we have had under observation for several months. It had dactylitis syphilitica, and under specific treatment it has disappeared.

I want to call your attention particularly to the formation of the patient's skull. The forehead is unusually large and protuberant in the region of the frontal eminences, a Websterian sort of a brow. Instead, however, of the orbital prominences being pronounced and well developed, you will notice that there is a well-marked broad depression a little above the eyebrows. This is a white child. If it were colored I would not, perhaps, call your attention to the fact that the bridge of the nose is broader than usual, but you will also observe that it is somewhat sunken. This photograph was taken by an amateur, a friend of Dr. Arwine. I will call your attention now to another photograph. You see that it represents exactly the typical syphilitic skull as in our little patient. It represents also other manifestations of syphilis, which I will explain further on.

I can find but very little on the subject of changes in the formation of the skull caused by syphilis. I have searched in vain through the library of the surgeon-general. Jonathan Hutchinson, however, has called attention to it, for nothing escapes that keen observer.

Not long ago I was conversing with my friend and fellow-student of many years ago, Dr. A. J. Schafhert, and he called my attention to little Paul Dombey, in that great novel of Charles Dickens, "Dombey and Son." He showed me an edition of that work, published by Harper Brothers, 1872, illustrated by W. L. Sheppard. There were a number of pictures of little Paul, all showing the typical skull of our little patient. Then the pathetic history of the heir to Dombey shows that Dickens was personally intimate with a skilled physician, well versed in syphilology.

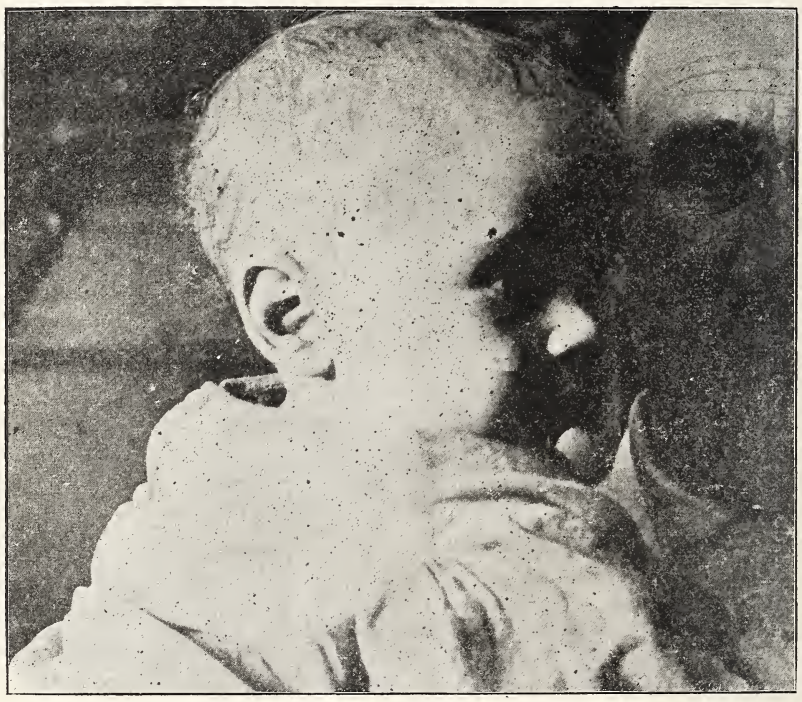
Dickens again and again speaks of the "old, old face," reminding you of what Trousseau said that these children presented the "aspect of old age on the threshold of life." Little Paul struggled on in a condition of extreme marasmus until "the old fashion," the fashion that came in with our first garments, and will last, unchanged, until our race has run its course and the wide firmament is rolled up like a scroll. "The old, old fashion death!"

Recently I found in the *Jahrbuch für Kinderheilkunde* an article by Elener, in which he reported eighteen cases of hydrocephalus. Of these, three, or 16 per cent., had well-marked congenital syphilis. Osteochondritis, affecting chiefly the epiphyses of the long bones, is caused by syphilis exclusively. It is often the only pathognomonic symptom. It affects chiefly the epiphyses of the femur, tibia, humerus, clavicle and ribs. Epiphyseal cartilages swell, and can be felt projecting as would a ring around

the bone. The swelling is usually smooth, with little or no pain or interference of movement. Occasionally it causes ulceration and necrosis, otherwise it may permanently affect the growth of the limb. The period of its occurrence is usually at birth or during the first month.

Syphilis, as you know, is a frequent cause of abortion. Whitehead reported 117 miscarriages in 256 women, victims of syphilis. In the unwholesome fruit of these women syphilitic lesions were found on the skin, viscera and serous cavities. Very often, unfortunately, it comes into the world stamped with the ravages of syphilis, as you see in photograph No. 2. This infant, aged seven months, had snuffles at birth. Look at the picture; it is so well portrayed that I imagine I can hear it snuffle. Look at the eyes; it is the best exhibition of keratitis that I have ever seen. The infant also had otorrhea, double; see how shrunken it is, and it has the brow of Alexander Hamilton. This is a wonderful picture to be taken by flashlight, but it did not bring out an exquisite circinate eruption. The hands and feet were covered with bullae, the pemphigus syphilitica. The photograph was taken by a son of Dr. F. R. Bishop. This infant died of meningitis, or, in plain words, cerebral syphilis.

Dr. J. Michael Clarke of Bristol, England, has recently reported two cases of congenital syphilitic cirrhosis of the liver. One occurring in a male infant one month old, the other in a female infant of ten weeks. The autopsies showed great destruction of the parenchyma of the liver. Small gumma and miliary gummata were discovered, and newly-formed tissue within the lobules, and in the portal veins. The arteries showed endarteritis obliterans, and the epithelial cells in the bile ducts were also proliferated. Often, however, a syphilitic child is born in apparent good health, and days, weeks, months and years may elapse before the disease shows itself. Then appears the characteristic snuffling



and eruption in the tainted infant. There may be, however, a period of latency, extending to the period of the second dentition, puberty, and even later.

On February 27, 1895, I read before the Medical Society of the District of Columbia an article on "Cerebral Syphilis," in which I reported the case of a boy in which the symptoms of syphilis did not appear until the age of puberty. He was the offspring of a syphilitic father. The boy was my patient in 1886. He gradually lapsed into imbecility and

died of cerebral syphilis after four years, during which time he gradually and almost imperceptibly faded away.

In the *Medical Record* of July 28, 1883, Dr. Charles C. F. Gay of Buffalo, N. Y., reported the case of a young woman, aged nineteen, who came under his professional care the spring of 1883. "There was no question raised whatever against the virtue and morals of the patient." She was well educated, and her friendships were with the best people. She had been examined by a gynecologist, who reported the hymen to be intact. Patient enjoyed excellent health until four years previously, when she began to have pain in both mammary glands, more especially the left one, which became hard and nodular, and excessively tender to the touch; the nipples were retracted. After consultation it was decided to operate. The examination showed that the tumors involved so much of the gland itself that it necessitated the removal of the greater portion of it. In three weeks there was no union or signs of union in any part of the wound. "It looked and smelled like a syphilitic ulcer." The chimera of cancer was then dissipated and the diagnosis of hereditary syphilis substituted. Under mixed treatment a rapid cure was effected. The right breast rapidly improved, the gummy tumors rapidly disappearing. Ample proof was found to establish the fact that the disease was inherited, and that the patient was "conceived in sin and endured suffering in consequence thereof."

Here, then, was another case in which

the disease had lain dormant, doing no harm, until the age of puberty had arrived. Dentition, puberty and the menopause are critical periods for those victims of hereditary syphilis.

The poisonous fruit of bacteria is the toxine of syphilis. It is the result of chemical compounds of the germs of syphilis. Should the germs become imprisoned, encapsulated, it will prevent the formation of the poison. This is the cause of latent syphilis. Bottle the germs up, and it will be as harmless as the Spanish fleet at Santiago de Cuba. Should it escape, then the manifestations are those of tertiary syphilis, and we must bombard the truants with mercury and iodide of potash and destroy the vipers, as we are doing with the enemies of our country.

THE THERAPEUTICS OF INSOMNIA.

By A. K. Bond, M.D.,

Clinical Professor of Diseases of Children, Baltimore Medical College.

OFFERED IN DISCUSSION BEFORE THE BALTIMORE MEDICAL AND SURGICAL ASSOCIATION, MAY 9, 1898.

Insomnia may be defined, medically, as any deficiency of sleep which threatens to interfere with health. An occasional spell of wakefulness for an hour or two, and that brevity of slumber-indulgence which is with certain individuals an idiosyncrasy, and with the aged a part of the senile process, are not here considered. Too shallow sleep, with dreaming, and the sleep that leaves a tire on waking, are forms of insomnia.

Although it may seem a self-contradiction, the first thing in the treatment of insomnia is to find out whether it is really present. The testimony of the sleeper as to how much he sleeps is necessarily questionable, albeit he may desire to be truthful. I had recently a patient with pleuritic effusion who would lie back, half-close his eyelids, roll the pupils beneath the upper lid and remain quiet for fifteen minutes at a time. He declared that he did not sleep for a moment, yet I was certain, from the slowing of the pulse and respiration during this quiet time, that he was really asleep. Moreover, he showed no ill-effects from many days and nights of this alleged insomnia. It is important that this determination be clearly made out in order that the treatment may be properly applied in either case. In both cases remedies must be given, for no patient likes to be considered either a liar or a fool. In the one case tonics and placebos must be used until the patient gets something else to occupy the attention and forgets his alleged insomnia; in the other case hypnotic agencies must be invoked, for sleep is necessary to convalescence. It is said that death will result from absolute insomnia as quickly (about three weeks) as from starvation. In my own practice I pay great attention to the securing of thorough sleep-rest in all cases of illness, especially in debilitating fevers.

Insomnia may proceed from digestive abnormalities. In childhood this form of sleeplessness is accompanied by horrid nightmares; in adults the nightmare is omitted, the adult being a child less imaginative, less sensitive nervously. The writer was recently called late at night to a patient under very heavy business strain, who had begun to be insomnic. He feared that if this were added to the business burden she would in a few days break down completely. Believing that the business care had probably interfered with the digestive functions, and by diminishing the appetite lowered nutrition, he gave about two grains of calomel and an abundant though simple lunch. The patient had no further insomnia.

In some persons one-tenth grain doses of calomel will almost certainly relieve sleepless tossings, the wakefulness disappearing as soon as the beginning of perceptible peristalsis tells of the re-establishment of digestive processes. Such patients should avoid heavy articles of food after about 5 o'clock in the afternoon, taking a simple evening and bedtime lunch. The aged often sleep better if a glass of milk is at the bedside, an empty stomach, irritable but not inflamed, being better satisfied if it is kept occupied. A gentleman now paying up in insomnia for overwork of brain and neglect of recreations in earlier life told

me recently that of all the many hypnotics he had tried, the best and most reliable was a glass of hot malted milk at bedtime.

I have at present a patient in whom chronic partial insomnia is associated with and apparently dependent on chronic interstitial nephritis. I suppose the circulatory disturbances and blood pollution of the nephritis will prevent complete sleep. As she seems to have gotten used to the brief sleep, and as hypnotic drugs seem not to have any permanent power, it seems better to treat the nephritis and ignore the insomnia, especially as the patient has a great objection to taking drugs for sleep.

It should not be forgotten that very considerable disturbance of the nervous system may arise (in the absence of nephritis) from a direct irritation of the urinary passages by excessively concentrated urine or urine containing abnormal substances in solution. In such cases diuretics and other agents for rendering the urine normal lessen the insomnia. The intimate relation between kidney irritation and unwholesome processes (by-fermentations and putrefactions) in the small and large intestinal tracts has only recently been brought to light. The fact that unwholesome and abnormal substances passing from the bowel into the blood-stream and out through the kidney will, if eliminated thus in great quantity, produce acute kidney and nervous disturbances, and if eliminated in small quantity for months or years cause chronic nephritis and wreck of health, with, perhaps, general disease of the blood vessels, explains the long known fact that in some insomnias it is very difficult to tell in what degree the sleep disorder often present is traceable to the kidneys, in how much to the digestive tract, in how much to circulation faults. Recently a patient reported that she had become so worn out by the repeated and abundant action of a moderate dose of calomel that she slept for fourteen hours on a stretch. In the causation of this sleep I see not so much of fatigue as of the calomel action in righting the digestive tract, equalizing the blood pressure, purifying the blood and acting gently on the kidneys. The well-known beneficial influence of vigorous exercise in the open air upon insomnia may be, in part at least, attributed to its stimulation of digestive processes and its breaking down and extrusion through skin and kidneys of many unwholesome tissue wastes which had been tainting the blood supply of the nervous system and irritating the kidneys as they passed sluggishly out. The subject of gouty and lithemic insomnias comes in under this head.

Certain cases of insomnia (and these often of the gravest sort) are directly dependent upon anatomical disease in the nervous tissues of the body. Syphilitic insomnias demand iodide of potassium often in enormous doses. The worst cases of insomnia due to brain disease are, of course, committed to the care of the asylum physician, the quiet of mind obtained in the asylum and the skilled care aiding greatly to the relief of this symptom. But even in the asylum cases physicians are becoming convinced that acute exacerbations of insomnia are precipitated by the extraneous conditions upon which I have dwelt above, which also intensify in many cases the insomnia attendant upon local brain disease.

Apart from cases of actual local disease in their tissues, it is probable that the nervous centers seldom originate insomnia; they cry and fret, not because of any disease of their own, but because they are bathed with impure blood, with blood that is deficient in oxygen, with blood that lacks nutritive elements. It is in the intestine that pours foulness instead of nutriment into the blood-stream, in the kidneys and skin that dam back waste materials that the original fault lies.

Insomnia is at times apparently due to reflex excitement of the nervous centers by the local irritation of intestinal or nephritic tracts. Yet even this response is not so marked in normal nervous systems. It is only occasionally that a train of intense thought is the simple cause of insomnia. In a healthy brain, strong and well nourished by pure blood, long deep thought will lead to sleep. Viewed from this standpoint, it is easy to see why the hypnotic, administered (as many give it) without any regard to the extra-nerv-

ous sources of the trouble, so often fails to relieve insomnia, or has often to be exchanged in a short time for some new drug; why, so often, the patient, after waking from a drug sleep, finds himself still uncomfortable, perhaps worse than before the dose. Hence arise the evils of polypharmacy, of therapeutic unfaith, of the drug habit.

There are many questions concerning the action of our favorite hypnotics which might repay clinical study. For instance, chloral is a powerful disinfectant to the stomach in the doses usually given. Is chloral aided in its hypnotic victories by this local action upon these parts, and is it more apt to fail in insomnias in which the blood is poisoned from the lower bowel or a defective kidney? Is there a similar element to be estimated in other antiseptic nervines? Morphia is a delightful hypnotic to some patients; makes other sick and sleepless; moreover, its action has similar divergencies in different cases of illness. Do its failures occur in cases where there is a tendency to the accumulation of septic materials in the large bowel with stercoremic neuralgias, or to catarrh of the duodenum (as I have sometimes suspected) in many cases; and are its triumphs in cases where these conditions are absent and where there is perhaps a simple bowel spasm to be overcome or an irritated kidney to be soothed?

Codeia is a not very strong hypnotic, being a feeble edition of morphia without the digestion-disturbing and constipating properties of the latter. I like it in the sleeplessness of the aged and of the phthisical where it can be given nightly month after month in a dose of half or one grain with aromatic sulphuric acid in pill. Five grains of Dover's powder in capsule, with a grain or two of blue mass, have also a good hypnotic effect in many illnesses. To the bromides, less powerful but safer than chloral, I need make only a simple reference.

Of the newer hypnotics, sulphonal seems to be at present the favorite. It may be given diffused in water or finely powdered in capsules. The dose is from ten to thirty grains. Some complain that it is uncertain in its virtues and liable to be followed by headache and prolonged dullness after waking.

Paraldehyde, in efficient doses, gives many persons a very nasty breath-odor for hours after waking. The dose is one fluid drachm, well diluted. Chloralamid acts quickly. To secure a good sleep, Gray gives a dose of the slower sulphonal when the patient has become drowsy from the chloralamid. The dose of chloralmid is half to one drachm in capsules or a bitter tincture. Hydrobromate of hyoscine (Merck's), 1-300 to 1-150 grain, hypodermically every six hours, is recommended for insomnia with great motor excitement. Not infrequently alarming symptoms have followed its larger doses. The simple firing of one of these drugs at a target labeled insomnia will usually give uncertain results. In emergencies it is justifiable perhaps, and sometimes we have to "shell the woods." The wise therapeutist will consider carefully the underlying causes of sleeplessness in each particular case.

The insomnia of delirium tremens is confessedly difficult to control. I saw once death follow repeated doses of chloral in an obstinate case in hospital. The suspicion was that the chloral killed. This form of insomnia is, largely at least, a nerve-clamor for alcohol, and passes away of itself after some days in many cases. Desperate therapeutic risks are therefore unjustifiable. I once saw a case of this sort, in which morphia, chloral, bromide of potassium, strychnia and hydrobromate of hyoscine failed successively, yield at once to a dose of whiskey, and after a night's sleep it became controllable by non-alcoholic agents. I verily believe the patient's mind would have become a wreck if, after many days and nights of insomnia, a good sleep had not been secured by the alcohol. I give alcohol as a hypnotic in half-ounce to ounce doses in the insomnia of aged and very feeble patients whom I can control thoroughly from undue repetition. I avoid it in ordinary cases of insomnia, as some of the saddest and most hopeless cases of inebriety arise from its secret use for this purpose.

The insomnia of general feebleness is seen at its worst in that form of dying

in which nothing can relieve the restless tossings, the cry of the nervous system for wholesome nourishment. It is very important that the practitioner should recognize the insomnia of feebleness in its obscurer forms. To treat it simply by anodynes is a deadly error. It should be met by tonic drugs, abundance of easily-digestible or predigested food at two or three-hour intervals, by rest of mind from care, by rest of body in bed, or, if strength permits, by change of residence to some more wholesome spot, or travel amid diverting scenes. Hypnotics may be temporarily used to produce sleep, or, as the writer sometimes uses them, to deepen the superficial sleep already obtainable. As the tonic measures take hold the hypnotic drugs are to be carefully withdrawn. It is probable that much of the prolonged ill-health shown in "nervous prostration" and obscure general debility is due to a failure to recognize and properly treat this insomnia of feebleness in its earliest stages. At its onset it may appear not as a definite insomnia, but as a deficiency of depth in sleep, a dreamful sleep, a sleep that leaves the sleeper tired on waking. The rest-cures probably owe many of their wonderful results to the removal of care and the abundant opportunity offered for sleep in an institution where eating and sleeping are the only recreations offered. The intractable insomnia of brain disease falls usually to the therapeutic care of the asylum physician. I may, however, repeat here the warning against morphia hypodermics of even moderate dose in the insomnia of mania. I saw in hospital many years ago, death follow in five minutes after such an injection.

In cases of heart disease, accompanying insomnia is best relieved by attention to the circulatory needs.

There are many simple devices of the sick room which have a powerful influence in the relief of incipient insomnia. The medical graduate and the hospital nurse have usually to "pick them up" as best they can after they go out into the world. They may determine the issue of many a desperate case. They include the hot simple lunch at bedtime, the hot water bag to the abdomen (a writer asserts that all animals in going to sleep assume such a position that the abdomen may not become chilled), heat to the feet, the cool vinegar fillet on the brow, the pillow of hops or other fragrant substance, the change to the other side of the bed with fresh-beaten pillow, a half-hour on a couch or in an arm chair before sleeping time, massage, sponging of the body with a fragrant tonic wash, reading to sleep, or diverting conversation, a quiet room with freshened air and low, shielded light. Again and again I have found worrying insomnia in patients whose attendants had neglected even the simplest of these devices. Music, to which the mother, by instinct, the world over betakes herself as a trusted hypnotic for her infant, is for some strange reason never used in the adult.

That attitude of mind in which the patient confides in the attendant (there is no word that compasses it wholly) is a very powerful aid in the relief of incipient insomnia. The sleepless child sleeps at once when taken into its mother's arms. In severe illness the adult usually becomes like to the little child in his craving for sympathy and for a stronger personality to lean upon. This strength, mingled rightly with gentleness, the ideal trained nurse brings into the anarchy of many a home, to the inexpressible relief of physician and patient. I remember on one occasion being called in the night to a boy of about fourteen, sleepless after a serious operation for a septic bullet wound. He had sent for me, having no confidence in his excitable parents, and no nurse was at hand. I found that by holding both wrists and pressing them firmly I could put him into deep sleep, and by renewing this pressure when his sleep became shallow I could send him back into the depths again. I kept him thus asleep for three hours, and I believe this brought him past the danger point. The busy physician can avail himself of this principle by seeing that the attendant has a dose or two of hypnotic medicine on hand to be given with a lunch in cases where sleeplessness is apprehended. The patient, knowing that trusted agents are within reach, will be better inclined to sleep without them.

Even a placebo given in this way will relieve the patient of that hopeless feeling experienced by the sleepless. The power of the hypnotic is increased, and the danger of drug-habit diminished, by withholding the name of the remedy from the patient.

Why should the highly-trained physician leave to the quack the practice of these simple devices, which often determine the issue of the case, and which give the family confidence in the skill and care of the physician?

To sum up, the human patient will sleep at certain intervals, most deeply at night, for a considerable number of hours, if he has a chance. The physician's duty is not so much to compel as to secure permission for sleep. The hindrances to sleep proceed usually not from the brain itself, but from a disordered condition of the blood, and this usually from abnormal processes in the kidneys and other excretory organs and in the digestive tracts, or perhaps from the inhalation of impure air. While, therefore, the immediate urgency must be met quickly (else another physician will be sought), it is very desirable that the underlying causes of the insomnia (especially when it is protracted) be sought out and treated. The effect of hypnotics, moreover, will be the more certain and beneficial, the more thoroughly the conditions of secretion, excretion and circulation existing in each particular case are understood. Although it is very dangerous to prophesy limitations to the progress of any science, yet I may venture to say that progress in hypnotic therapeutics will be along the line not of the discovery of an ideal universal hypnotic drug, but of a more thorough study of the varying conditions in insomnia and of the circumstances which favor or hinder the effect of each drug.

The Treatment of Uremic Vomiting.—In the Therapeutic Gazette Huchard recommends that in the treatment of vomiting due to gastric disturbance or uremia, lavage be resorted to for the purpose of removing the poison from the stomach, arresting the vomiting and permitting the administration of proper medicaments, amongst others stimulants if they are needed.

Society Reports.

BALTIMORE MEDICAL AND SURGICAL ASSOCIATION.

MEETING HELD MAY 9, 1898.

Dr. John I. Pennington, president, in the chair. Drs. J. L. Winner and Wm. Lee Howard were elected members. Drs. Cary B. Gamble, Jr., and Thos. H. Brayshaw were proposed for membership.

Dr. E. G. Waters reported a case of "Abscess of the Lung Following Pneumonia and Terminating in Recovery." The patient was a young man. His mother and sister also had pneumonia at the same time. The mother died, but the sister recovered. The patient complained of the hot-water applications to his chest. Upon examination a gangrenous patch was discovered. Erysipelas set in on the ankle. A solution of lead and opium was applied. An abscess formed. This was opened, and afterwards a yeast poultice was applied. A yeast poultice was also applied to the chest. The gangrenous patch separated slowly. Stimulating treatment was employed. There was a trace of tuberculosis in the family. For this reason the sputum was examined. No bacilli were discovered, but pus cells were found. An abscess had formed. From this he recovered. This is the first instance that Dr. Waters has ever seen of abscess following pneumonia. He thinks that the abscess was not a mere consequence of pneumonia, but that it was pyemic in character. An examination of the blood showed an abundance of pus cells. He believes that the abscess in the ankle was also pyemic.

Dr. James E. Gibbons: What caused the gangrene over the ribs? Did hot applications produce it? It is reasonable to attribute both abscesses to gangrene. He thinks that it was not a true pneumonia, but an abscess of the lung.

Dr. James G. Wiltshire: The abscess was probably due to embolus or thrombus. This will explain the occurrence of gangrene and the other abscess.

Dr. Morris C. Robins: The term pus

cells is rather misleading. In pneumonia we generally have leucocytosis. The finding of them has little or no diagnostic value.

Dr. C. Urban Smith agrees with Dr. Robins.

Dr. J. R. Abercrombie: Whenever the vitality is lowered, heat that under ordinary circumstances would not cause erythema will produce gangrene.

Dr. A. K. Bond: How can you tell pus in the blood? The pus cell is a sick leucocyte. In this case pleurisy is excluded. It is an interesting fact that there were three cases of pneumonia in one house. The influenza poison will produce pneumonia. Lately it has taken the form of ordinary troubles. The influenza poison will cause suppuration. Perinephritic and nephritic abscesses are thus caused.

Dr. E. G. Waters spoke favorably of Dr. Bond's explanation. Pneumonia has of late been very prevalent. In this case pneumonia was recognized by the physical signs and the character of the expectoration before any local application or therapeutic measure was advised. Pneumonia preceded everything else. The applications in his case were no hotter than in the cases of the mother and the sister. He knows very little about the examination of leucocytes in the laboratory, but he does know a great deal about pyemia. Pyemia is more liable to occur after fracture of bones than after injury to soft parts. The reason of this is that the canals in bone cannot close. Those in soft parts can, and thus they shut off infection.

Dr. A. K. Bond read a paper on "The Therapeutics of Insomnia." (See page 736).

Dr. John C. Hemmeter: The pith of Dr. Bond's paper is found in the sentence that "the firing of different drugs at a target named insomnia will produce uncertain results." Different persons require different amounts of sleep. There is more protoplasm in the brain cell of a crow that has been asleep for several hours than in one that has been active for several hours. Human urine injected into the veins of a dog will prevent sleep. Chloral given in a capsule that will not dissolve in the stomach does good. Hence he concludes that its action is not altogether as a disinfectant. Persons with hyperacidity of the stomach do not sleep well. Calcined magnesia will relieve this. Try to get the patient to believe that sleep is not absolutely necessary; that rest is the principal thing, and in nine cases out of ten the patient will sleep.

Dr. James G. Wiltshire: Sleep is a necessary function. Anemia of the brain is essential to this. Nasal troubles sometimes prevent it. The uric acid diathesis is another important cause of insomnia. Hence the value of sodii salicylas and abundant exercise. He has used galvanism with satisfaction.

Dr. C. Urban Smith: Intestinal decomposition is one of the most frequent causes of insomnia, especially in children. The uric acid diathesis is a much-talked-of trouble, but he places little reliance in it. The amount of uric acid eliminated is uncertain. The effect of salicylate of sodium in relieving insomnia is more likely due to its antiseptic action.

Dr. J. E. Gibbons: There are two classes of insomnia, functional and symptomatic. In the latter case, cure the disease. The old theory of anemia of the brain in order to cause sleep will not always hold good. Neither will Dr. Hemmeter's theory of the nerve cell always answer. He favors the use of trional. He mentioned a case that was cured by the employment of asafetida and hyoscyamus.

Dr. John C. Hemmeter: To sterilize the entire intestinal tract with sodium salicylate would require three or four days' treatment. But this drug is readily absorbed.

Dr. C. Urban Smith: We frequently use intestinal antiseptics with good results without sterilizing the entire tract.

Dr. A. K. Bond: Functional diseases are those that we do not understand; symptomatic, those that we do understand. There is probably a reflex sleeplessness. Salicylic acid may have met the rheumatism or it may have counteracted some condition of the blood. First make your diagnosis.

EUGENE LEE CRUTCHFIELD, M.D.,
Secretary.

MARYLAND

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BALTIMORE, JULY 23, 1898.

Insomnia.

THE nature of insomnia must remain an unsolved problem until the nature of sleep has been explained, and this latter phenomenon seems almost as far from complete elucidation as when it first stole upon the weary brain of the primal man. Anemia of cortical centers! Yes; plus an unknown something, which hides itself at our approach.

The therapeutics of insomnia has been the sphere of some of the most interesting ventures of modern science, in the building up constructively, on the basis of the carbon chains and potency-groups, of agent after agent not hitherto known to exist. The hypnotic powers of a certain compound are believed to reside in a certain cluster of its constituent atoms, and by an almost superhuman wizardry this group is transferred to some other compound in the bold faith that this latter will straightway take on hypnotic potency. Sometimes cautious experiments upon animals show that it has, and then a "new hypnotic" is heralded to the profession and the public.

The latest triumphs of science in this line are described in an able discussion of insomnia before the British Medical Association, given in the *Montreal Medical Journal* of November; and in the present issue of the MARYLAND MEDICAL JOURNAL we have the report of a discussion on the same theme, held before the Baltimore Medical and Surgical Association.

In the latter discussion, opened by Dr. A. K. Bond, in a paper which appears among the original articles of this issue, the fact, well known to all therapeutists, that success with hypnotics depends as much upon a knowledge of the peculiarities of the case as upon the drug chosen, is well emphasized. In this paper great stress is laid upon the philosophical attitude of the therapeutist, which, it claims, should be rather that of removing hindrances to the normal and spontaneous process of sleep than that of inserting into the patient's life-hours an artificial soothing process derived from a particular hypnotic drug. In other words, let the obstructions be removed and the patient's brain will do its own sleeping.

* * *

Enforced Higher Education.

THE Association of American Medical Colleges, which is an organization first brought into actual existence by Dr. Eugene F. Cordell of Baltimore, has done a noble work in raising the standard of medical education in the United States, and in gaining for our country the respect and admiration of foreign medical schools and physicians.

There are some schools in this country, however, which did not join this association, and which still "cut rates," so to speak, and by shortened courses and various tricks carefully omitted from mention in the annual catalogues and announcements, help to lower the standard of medical education in this country.

In order to force these schools into the association and make them the equals of all the good schools, the American Medical Association has passed very practical resolutions declining to register as delegate or permanent member any physician who shall hold the position of teacher or professor in these low-grade schools, or who shall be a graduate of such schools.

If the American Medical Association has the grit to stick to this resolution, and will not be overpowered by the political members of the association, the effects of this rule will have a very salutary effect on the poorer schools.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 16, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	8
Phthisis Pulmonalis	..	19
Measles	15	..
Whooping Cough	5	2
Pseudo-Membranous Croup and Diphtheria.	29	15
Mumps	..	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	7	3

The Mobile quarantine station has been burned.

After July 22 any person may manufacture and sell antipyrine.

Dr. N. S. Davis has resigned his position as dean of the Northwestern Medical School at Chicago.

Dr. H. P. Howard has been appointed surgeon of the United States Marine Hospital for Alexandria.

An army medical examiner has very wisely turned down bicycle scorchers on the plea of a weak heart.

Dr. Frederick Holme Wiggin has been appointed assistant visiting surgeon to Bellevue Hospital, New York.

Dr. T. C. Gilchrist, clinical professor of dermatology, Johns Hopkins University, will spend the summer in Scotland.

An endowment of $25,000 has just come to the Harvard Medical School by the will of the late Dr. Henry W. Williams.

The *Pacific Record of Medicine and Surgery* of San Francisco has changed its form and increased the number of its pages.

Dr. John Turner announces that he has limited his practice to general surgery and diseases of the eye, ear and throat.

Dr. Charles P. Noble of Philadelphia was the orator of the evening at the last meeting of the Cecil County Medical Society held at Elkton.

The physicians of Vineland, N. J., have combined and agreed on fees and publish a blacklist.

The British Medical Association has a section on tropical diseases, with Dr. Patrick Manson as chairman.

Dr. Wm. B. Cochran, a prominent and venerable physician, died last week at his residence in Middleburg, Va., in the ninety-first year of his age.

Dr. Charles K. Anderson, a prominent citizen and a leading physician of Nelson county, Virginia, died at his home in Roseland last week, aged sixty-nine years.

Dr. H. O. Reik, assistant in ophthalmology and otology, Johns Hopkins University, will start this month on a trip to Glasgow, London and Berlin, where he will pursue his special studies.

At the last meeting of the American Otological Society, held at New London, Conn., Dr. Samuel Theobald of Baltimore read a paper on "Cases of Otomycosis, Treated by Insufflation of Boric Acid and Zinc Oxide."

Some of the hospitals have closed their free dispensaries, believing it is better to do no charity work than to charge a small fee and thus demoralize general practice and unfairly compete with young physicians. The Baltimore University Hospital is said to be one which has closed its doors.

At the meeting of the American Association of Genito-Urinary Surgeons, held at West Point, June 7 and 8, 1898, the following officers were elected for the ensuing year: President, Dr. James Bell of Montreal; vice-president, Dr. Samuel Alexander of New York; secretary and treasurer, Dr. William K. Otis of New York. It was decided to hold the next meeting at the Clifton House, Niagara Falls, in May, 1899.

Dr. Cadmus Dashiell of Princess Anne, Somerset county, Maryland, one of the oldest physicians in this country, died recently, aged eighty-five. Dr. Dashiell was born in his county and received the degree of M.D. at the University of Maryland in 1836. He practiced for many years and later took an active part in local politics. He left several children, among whom are Dr. Rufus N. Dashiell of Princess Anne and Dr. Julius T. Dashiell of Harrisburg, Pa.

Washington Notes.

Dr. and Mrs. Sowers are spending the summer at Niagara-on-the-Lake.

Dr. P. J. Norwitz, U. S. N., has gone to Bar Harbor for the summer.

Dr. J. Spence Hough of the District Health Office has been appointed assistant surgeon in the navy.

Dr. Alfred Grunwell, recently appointed assistant surgeon in the navy, has been assigned to duty at the Washington Navy-Yard.

The National White Cross Society have a number of volunteer nurses who will be taken to Manila on the hospital ship now being fitted out.

Dr. Hugh McGuire, recently appointed to the medical staff of the Alexandria Infirmary, has declined the position on account of other duties.

Mr. and Mrs. William Engle and Miss Mary Seamarks, who were bitten by a mad pug last Thursday, have entered the Pasteur Hospital in Baltimore.

Dr. J. P. Turner has been appointed a sanitary and food inspector of the District at a salary of $1200 per annum. He will inspect live stock and dairy farms.

The faculty of Howard University are having some trouble in renewing their lease of Freedmen's Hospital and grounds and repairing their buildings.

The Commissioners have directed Health Officer Woodward and Architect Donn to New York, Boston, Philadelphia and Baltimore to investigate the plans and arrangements of the contagious hospitals in these cities.

The Red Cross Society has tendered to the surgeon-general of the army the free services of as many trained nurses as may be needed for hospital work at Fortress Monroe. The Society has offered to furnish all supplies that are necessary to meet the immediate needs of the sick and wounded.

The Columbian University Hospital is about completed. On the first floor are the reception-rooms, resident physician's office, dining-room and a dispensary. On the other floors are public wards and private rooms. The operating-room is well arranged. The kitchen, laundry and storage-room are in the basement. The staff will be composed of the professors of the medical school. The Columbia Women are providing funds for furnishing the hospital.

Book Reviews.

Atlas and Abstract of the Diseases of the Larynx. By Dr. L. Grünwald of Munich. Authorized Translation from the German. Edited by Charles P. Grayson, M.D., Lecturer on Laryngology and Rhinology in the University of Pennsylvania, etc. With 107 Colored Figures on forty-four Plates. Philadelphia: W. B. Saunders. 1898. Pp. 3-103. Price $2.50. [Saunders' Medical Hand Atlases.]

The object of this atlas is to help the beginner by showing him the abnormal conditions of the larynx and adjacent structures and also to show him plates of microscopical sections of morbid growths and abnormal states. There are forty-four plates, containing 107 colored figures, and twenty-three cuts. While the work of the translator has not been great, still it is good, and the sections will prove very instructive. As the clinical lecture is fast taking the place of the old sleep-producing diadactic lecture, so the illustrated work will always be preferred to the monotonous page of print. This is the third of these atlases published by the progressive Mr. Saunders, and they will prove of great assistance to those whose specialty is discussed.

Johns Hopkins Hospital Reports. Volume VII, Nos. 1 and 2. Baltimore: The Johns Hopkins Press. 1898.

This volume contains two monographs, one by Dr. J. G. Clark, the resident gynecologist, entitled "A Critical Review of 1700 Cases of Abdominal Section from the Standpoint of Intraperitoneal Drainage," and the other by Dr. James Ernest Stokes, assistant resident gynecologist, on "The Etiology and Structure of True Vaginal Cysts." The latter article is illustrated, and both represent an enormous amount of work.

REPRINTS, ETC., RECEIVED.

Report of the Union Mission Hospital for 1897.

The Cure of Inguinal Hernia in the Male. By H. O. Marcy, M.D.

Fifty-fourth Annual Announcement of the Eclectic Medical Institute, 1898.

Kryofine. By Eugenie Back. Reprint from the *New England Medical Monthly.*

Abdominal and Pelvic Surgery. By William H. Wathen, A.M., M.D., LL.D., Louisville, Ky.

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Original Articles.

THE INFLUENCE OF ANTITOXINE IN THE TREATMENT OF LARYNGEAL DIPHTHERIA WITH AND WITHOUT INTUBATION.

By Edwin Rosenthal, M.D.,

Philadelphia, Pa.

Secretary of the Section on Diseases of Children, American Medical Association; Physician to the Home for Hebrew Orphans; Member of the Philadelphia Pediatric Society, etc.

The remarkable change as described by the report of the committee of the American Pediatric Society in their second collective investigation of the use of antitoxine in laryngeal diphtheria and in the method of recording the results of intubation stands as the most conspicuous and convincing factor of the efficacy of this method of treatment. Where formerly in presenting a report of cases the percentage of recoveries was noted, now the opposite is the rule, and we speak of the percentage of mortality as the more natural way of presenting our results. Such a change as this can best illustrate the influence that certain remedies exert, and when we add to this the universal opinion of those best to judge, and this opinion leads the same way, the conclusion forced upon us is the same as theirs, and the results differ very little from the results of others.

The use of antitoxine has been the means of more accurately studying the various manifestations of diphtheria and in the variety termed the "laryngeal;" has been one of the factors to prove the unity of the so-called "croup" and diphtheria. Doubt has frequently been thrown upon the bacteriological diagnosis of croup and diphtheria; clinical results are, however, conclusive, and when, by the use of antitoxine, such cases have been relieved and cured its influence remains unquestioned.

In a recent paper (*Virginia Medical Semi-Monthly*, July 9, 1897) I divided laryngeal diphtheria into two forms—the primary, which embraces the class of cases formerly designated "membranous croup," and with the exception of probably 10 per cent. of the cases are now known to have their origin in a Klebs-Loeffler infection (the beginning of the disease in this form is the larynx); and the secondary, the most serious. Its recognition as true diphtheria is clinically proven in the fact that the tonsillar or nasal variety has become laryngeal. In the primary form of laryngeal diphtheria antitoxine may be termed a true specific, and when it is used early enough will frequently be alone sufficient to cure the case, and in the majority of instances will prevent the need of any operative interference. In the secondary type, however, antitoxine is but the prelude to further medication. Intubation is frequently required. Supplementary medication is a necessity. Stimulants may be so urgently required that hypodermic medication must be resorted to. Failures are frequently due to neglect in the line of these precautions, whilst often the antitoxine may be the cause; for this reason I can but urge that antitoxine of undoubted reliability should only be used. I have used in my work the best antitoxine manufactured, and have used the most concentrated form. Familiarity with the differ-

ent makes has more firmly fixed my faith on this preparation, and I am convinced that the good results obtained by the majority of those who use antitoxine in the treatment of diphtheria is in the main due to the reliability of the preparation used.

My method of using antitoxine is as follows: I take as a guide for the commencing dose the age. Above two years I begin with 2000 immunizing units; below that age I begin with 1000. The second dose I double; the third dose I increase over the second either by doubling the dose or by adding to it the first dose. I keep on in increasing quantities until the characteristic reaction is produced. To what dosage the quantity can be carried is as yet an unknown subject. I have administered as high as 20,000 immunizing units (see *Philadelphia Medical Journal*, April 9, 1898, p. 655, "The Dosage of Diphtheria Antitoxine and Its Method of Using") with a favorable result. The dosage should be given in units without regard to quantity, and at the present time one firm is making an antitoxine each c. cm. representing 1000 units; so that a curative dose would hardly be as large as what is commonly given with a hypodermic injection of morphine. Strict aseptic precautions should be the rule, and under this method I have yet to record any accidental infection.

I wish to place on record sixty cases of laryngeal diphtheria treated with the antitoxine. These cases were taken from my case book in the order as they were seen and treated by me. They are the same as are met with in general practice and have the same characteristics as cases of this variety of diphtheria have. Of these cases twenty-eight required intubation, that is, almost half. Of thirty-two that were treated without intubation but one died. This death, I think, could have been prevented had intubation been performed, as the death was due to suffocation from the rapid exfoliation of the membrane. In former papers I made the assertion that where intubation was not necessary all cases recovered. I am still of this opinion. Of the cases intubated, twenty-eight in number, eight died, a mortality of 28 per cent. This is about the same as the American Pediatric Society's report, and is still too high. The fact that my cases, however, were seen so very late in the progress of the disease, and the operation was in several instances performed when the child was *in extremis*, will account for the high rate.

Several of the cases intubated necessitated the wearing of the tube beyond the time generally worn in these cases, but despite this the average shows a diminution in the time. My opinion, formerly expressed (Transactions of the Medical Society of the State of Pennsylvania, 1896; "Reduced Period of Intubation by the Serum Treatment of Laryngeal Diphtheria," the *Medical and Surgical Reporter*, June 5, 1896), that antitoxine influenced the time in which the tube was worn, is proven by this record, the average duration being 128 hours. The following tabular reports of my cases are self-explanatory. The footnotes will in a measure aid in briefly describing any points of interest. Taking the report as a whole, the number of cases as sixty and the number of deaths as eight makes the mortality $13\frac{1}{3}$ per cent. If we place in juxtaposition the mortality records before the advent of antitoxine we can then note the remarkable change that the short period of the serum treatment of diphtheria has brought about—this change that cannot be ascribed to anything else than the influence of this method on the treatment of the disease.

The Value of Diphtheria Antitoxine.—At the close of an interesting article upon diphtheria by Louis Martin, reported in the Therapeutic Gazette, the following statistics are given: Moizard and Perregaux record 231 cases, with a mortality of 11.7 per cent.; Sevestre and Meslay 150 cases, with a mortality of 10 per cent.; Le Breton and Magdeleine 258 cases, with a mortality of 12 per cent.; Sevestre had also collected, in 1895, 1140 cases, with a mortality of 18.35 per cent., and in 1896, 853 cases, with a mortality of 16.24 per cent. In 1897 Barbier recorded 260 cases, with a mortality of 6.28 per cent. It is evident, therefore, that abroad as well as in this country antidiphtheritic serum gives very advantageous results.

Number of Case	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Age of Patient	4 years.	2 years.	4 years, 1 month.	2 years.	1 year, 10 months.	3 years, 11 mos.	2 years, 5 months.	4 years.	10 months.	1 year, 5 months.	3 years, 5 mos.	6 years, 11 mos.	1 year, 1 month.	4 years.	14 years.	6 years.	2 years, 10 mos.	2 years, 7 months.	2 years.	2 years, 6 months.	1 year, 7 months.	1 year, 7 months.	2 years, 5 months	4 years, 11 mos.	1 year, 9 months	5 years.	5 years	6 years, 18 days.	9 years	6 years, 5 months.
Diphtheria confirmed by (1) Presence of other cases in the family? (2) Appearance of membrane elsewhere? (3) Bacteriological cultures?	Yes. Tonsil. Yes.	Yes. Pharynx. Yes.	Yes. Faucial. Yes.	Yes. Tonsil. Yes.	Yes. Tonsil. Yes.	....	....	....	....	....	Yes.	....	Yes. Tonsils. Yes.	....	....	Yes. Nose. Yes.	Yes. Tonsils. Yes.	....	Yes. Tonsils. Yes.	....	Yes. Tonsils. Yes.	Yes. Tonsil and nose. Yes.	Yes. Nose. Yes.	Yes. Faucial. Yes.	....	Yes. Tonsil. Yes.	Yes Tonsil. Yes.	Yes Faucial Yes.	Yes Tonsil. Yes.	Yes Tonsil. Yes.
How many days and parts of a day after the first appearance of the disease was A. first administered?	2nd day.	3d day.	3d day.	11th day	36 hours.	4th day.	3d day.	2nd day.	2nd day.	3d day.	5th day.	3d day.	3d day.	10th day.	2nd day.	2nd day.	4th day.	2nd day.	2nd day.	4th day.	5th day	2nd day.	9th day.	2nd day.	3d day	3d day	3d day.	5th day.	2nd day	6th day.
How many doses of A. administered?	2	1	1	2	1	2	3	2	2	2	2	1	1	3	1	1	1	2	2	1	1	1	2	1	1	1	1	1	1	2
Dose of each injection in Antitoxine units?	1. 600 2. 2000	2000	2000	1000	1000	1000	1000	1000	1. 500 2. 500	500	1000	1000	1000	1000	1000	1000	1500	1. 500 2. 1000	1. 1000 2. 2000	1000	1000	1000	1200	1. 1000 2. 600	3000	1000	2000	2000	1000	2000
Whose Antitoxine used?	1. Behring's. 2. Biggs'	Biges'.	Mulford's.	Philadelphia Board of H	Philadelphia Board of Health.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	1. Schering's. 2. Mulford's.	Mulford's.	Schering's.	Mulford's.	1 & 2. Mulford's. 3. Bd. of Health.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Behring's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	1. Biggs' 2. Mulford's
Post-operative cases—evidence of disease?	H.—Hoarseness? Aph.—Aphonia? St.—Stenosis?	H. Aph. St.	H. Aph. St.	H. Aph. Slight St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.
Operative cases—(1) Intubation? On what day? (2) Tracheotomy? On what day?	....	....	....	....	....	4th.	3d.	2nd.	....	....	5th day.	3d day.	3d.	10th day.	....	....	....	....	....	....	....	5th day.	2nd day.	9th day.	2nd day.	....	....	9th day.	....	6th day. ....
How long, in days and fraction of a day, was tube in the larynx or trachea?	....	....	....	....	....	2 days and 22 hrs. (70 hrs.)	3 days and 3 hrs. (75 hrs.)	....	....	....	4 days, 20 hrs. (116 hours)	....	....	5 days and 11 hrs. (131 hrs.)	....	....	....	....	....	....	4 days and 1 hour. (97 hrs.)	3 days (72 hours.)	24 days. (576 hours.)	7 days, 21 hours (189 hours)	....	....	....	31 hours	....	5 days, 20 hours (140 hours.)
Sequelæ (in recoveries)—(1) Broncho-pneumonia? (2) Paralysis? (3) Nephritis?	....	....	....	....	....	....	....	....	....	....	....	....	....	Bro.-pneum.	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Death—cause of, and on what day? (1) Broncho-pneumonia? (2) Extension of membrane to the bronchi? (3) Sudden heart paralysis? (4) Nephritis? (5) Sepsis?	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	Heart paralysis	....
Whose case—case doctor?	....	....	....	Henry H. Freund	....	Bernard Segal.	Henry H. Freund	Ludwig Loeb.	George A. Muehleck.	Bernard Segal.	George A. Muehleck.	....	....	William Eglect Robertson	....	....	J. Abrahamson	....	....	....	....	Louis F. Taubel.	....	Lawrence Wolff.	....	....	....	Samuel W. Gadd.	....	D. A. Kappes.
Recovery?	Recovery.	Recovery.	Recovery.	Recovery.[1]	Recovery.	Recovery.	Recovery.[2]	Recovery	Recovery.	Recovery.[3]	Recovery.[4]	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.	Death.[5]	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.	Death.[6]	Recovery.	Recovery.

Number of Case	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Age of Patient	5 years, 11 mos.	5 years, 3 months.	4 years.	2 years, 6 m	3 years, 6 months.	2 years.	2 years, 6 months.	26 years.	8 months.	2 years.	2 years, 6 months.	1 year, 6 months.	1 year, 6 months.	1 year, 9 months.	6 years, 2 months	1 year, 5 months.	3½ months.	7 years.	3 years, 6 months.	10 years.	22 months.	5 years.	3 years.	5 years, 5 months.	21 months.	7 years.	4 years.	3 years.	5 years.	30 years.
Diphtheria confirmed by (1) Presence of other cases in the family? (2) Appearance of membrane elsewhere? (3) Bacteriological cultures?	Yes Pharynx. Yes.	Yes Tonsil. Yes.	Yes. Tonsil. Yes.	Yes Tonsil. Yes.	Yes Pharynx. Yes.	Yes Tonsil. Yes.	Yes. Tonsil. Yes.	Yes. Tonsil. Yes	Tonsil. Yes.	Yes Tonsil Yes.	Yes Tonsils Yes.	Yes Tonsils. Yes	No. Tonsils. Yes.	No. Tonsils. Yes.	No. Nose and throat. Yes	No. Tonsils. Yes.	No. Tonsils. Yes.	No. Faucial. Yes.	Yes. Faucial. Yes.	Yes. Faucial. Yes.	No. Tonsil. Yes.	Yes. Faucial. Yes.	Yes. Tonsils. Yes.	Yes. Nose and throat. Yes.	Yes. Tonsil. Yes.	Yes. Tonsils. Yes.	Yes. Tonsils. Yes.	Yes. Tonsils. Yes.	No. Tonsils. Yes.	Yes. Tonsils. Yes.
How many days and parts of a day after the first appearance of the disease was A. first administered?	2nd day.	6th day.	5th day.	6th day.	2nd day.	5th day.	2nd day.	4th day.	3d day.	5th day.	6th day	2nd day.	6th day.	5th day.	4th day.	5th day.	2nd day.	4th day.	3d day.	2nd day.	3d day.	3d day.	3d day.	3d day.	3d day.	4th day.	5th day.	3d day.	5th day.	3d day.
How many doses of A. administered?	1	18	3	3	3	3	1	2	3 1. 600 2. 1000 3. 2000	2	1	2	1	2	2	2	1	2	2	3	2	2	2	2	2	2	2	3	1	18
Dose of each injection in Antitoxine units?	2000	See footnote 7. 16,5000.	2000	1000	2000	2000	2000	2000	1. Behring's 2 & 3. Mulford's.	1000	2000	1000	1000	1000	2000	2000	1000	2000	2000	2000	1000	1000	1. 2000 2. 4000	2000	2000	1000	2000	2000	1. 2000 2. 3000	2000	1000
Whose Antitoxine used?	Mulford's.	Mulford's.	Mulford's.	Mulford's	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.	Mulford's.
Post-operative cases—evidence of disease?	H.—Hoarseness? Aph.—Aphonia? St.—Stenosis.	H. Aph. St.	H. Aph. St.	....	H. Aph. St.	....	H. Aph. St.	H. Aph. St.	....	....	H. Aph St.	....	....	....	H. Aph. St.	....	....	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	....	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.	H. Aph. St.
Operative cases—(1) Intubation? On what day? (2) Tracheotomy? On what day?	2nd day.	6th day.	3th day.	6th day.	....	5th day.	....	4th day.	5th day.	6th day.	....	2nd day.	6th day.	5th day.	....	6th day.	....	....	....	....	....	8th day.	....	....	....	....	....	3d day.	4th day.	....
How long, in days and fraction of a day, was tube in the larynx or trachea?	6 days and 11 hrs. 1155 hrs.)	3 days. (72 hrs.)	3 days and 10 hrs. (82 hrs.)	4 days and (97 ho	1 hour. s.)	1. 4 days 2. 5 days (216 hrs.)	9 days.	½ hour.	....	....	....	6 days. 163½ hrs.)	36 hours.	48 hours.	....	27 hours.	....	....	....	....	....	12 hours.	....	5 days and 13 hrs.	....	85 hours.	72 hours.	18 hrs.	....	....
Sequelæ (in recoveries)—(1) Broncho-pneumonia? (2) Paralysis? (3) Nephritis?	....	....	....	....	....	....	....	....	Br.-pneum.	....	....	Br.-pneum.	....	....	Paralysis.	....	....	....	....	....	....	....	....	....	Bronch. .... Nephrit.	....	....	....	....	....
Death—cause of, and on what days? (1) Broncho-pneumonia? (2) Extension of membrane to the bronchi? (3) Sudden heart paralysis? (4) Nephritis? (5) Sepsis?	....	....	....	....	....	....	....	....	....	....	....	....	....	....	Sudden h. p.	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Whose case—case doctor?	D. A. Kappes.	John H. Moore.	John J. Owen.	Henry H. Freund.	....	S. W. Gadd.	Henry H. Freund	S. W. Gadd.	Leon Brinkman.	Henry H. Freund.	A. P. Kellar.	Louis F. Taubel.	James H. Cantrell.	Jacob Ewerstein.	....	D. A. Kappes.	....	....	Wm. H. Wells.	Wm. H. Wells.	....	D. A. Phillips.	....	D. A. Kappes.	Dr. Sleaconsky.	D. A. Kappes.	A. E. Roussel.	....	Edwin E. Graham.	....
Recovery?	Recovery.	Recovery.[7]	Recovery.	Death.[8]	Recovery.	Recovery.	Recovery.	Recovery.	Death.[9]	Death.[10]	Recovery.	Death.[11]	Death.[12]	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.	Recovery.[13]	Recovery.[13]	Recovery.	Death.	Recovery.	Recovery	Recovery.	Recovery.[14]	Recovery.	Recovery.	Death.	Recovery.

[1]Case No. 1.—A reinfected case. No Antitoxine used in the first treatment, 2 Two injections administered, when laryngeal symptoms showed spread d membrane into the larynx.

[2]Case No. 7.—Following measles.

[3]Case No. 16.—Following measles.

[4]Case No. 21.—Following measles.

[5]Case No. 27.—The death in this case should have been prevented, the child should have been intubated. Death due to asphyxia 22 hours after injection. The membranes loosened, and before assistance arrived the child was to forcing

[6]Case No. 28.—Despite the Strych hypodermically during the ni cardiac symptoms were always 2 A.M., about 31 hours after in parents, who had 5 children sic ity and without Antitoxine. this death.

[7]Case No. 32.—This case was a reinfection. First the tonsils, and under the general treatment, disappearance of all membranes. As in several cases noted by myself, secondary symptoms, laryngeal, manifested themselves and necessitated intubation. With the operation the treatment with Antitoxine was begun, and the 6th day of the disease, and was continued as follows:

Day of Disease.	Date.	Time and Quantity.
6th.	Jan. 3—1st injection	11 A.M.—1500 units.
2nd	"	8 P.M.—2500 units.

tine and other stimulants administered e days preceding intubation, absolute ispected, and patient died suddenly at ubation. This case was neglected by the ld, when died, 2 with laryngeal vari- Antitoxine not permitted on account of

Intubation at this time, after exhaustion by expectoration of tube on

10th	Jan. 7—3d injection	11 A.M.—2000 units.
4th		8 P.M.—2000 units.
11th	Jan. 11—5th injection	1000 units (3 hours apart.
6th		1000 units (
13th	Jan. 16—7th injection	1000 units (3 hours apart.
8th	"	1000 units (

20th to 25th.—Jan 17, etc.—4th injection (two injections daily), morning and evening, for 5 days, and until 16th injection. Total ..... 16,500 units, 500 units each.]

These injections were given when the membranes remained, and their character proven by bacteriologic examinations. This case was one of the so-called Chronic Diphtheritis. The 500 unit injections were given into convalescence.

[8]Case No. 34.—Death from Broncho-Pneumonia, 5 days after tube was with drawn.

[9]Case No. 39.—Broncho-Pneumonia on 2nd day; tube allowed to remain until death on the 5th day.

[10]Case No. 40.—Died suddenly, 24 hours after intubation, from heart failure.

[11]Case No. 42.—This case suffered from Pneumonia prior intubation.

[12]Case No. 44.—The sudden death in this case was due to neglect; the child was well on their pillows, and while dressing the operation should also have been completed over the mucous membrane, from the nasal cavity to the larynx. The efficacy of the Antitoxine was brilliantly shown in this case. Without it a recovery could hardly be expected.

[13]Twenty-six and 30 were sisters, both in the practice of Dr. William H. Wells, and both similarly affected. A very useful lesson to teach the contagiousness of the so-called Membranous Croup. Bacteriologic examinations were made in both cases, showing positive results.

[14]Case No. 58.—This patient had a cleft palate. The membranes extended completely over the mucous membrane, from the nasal cavity to the larynx. The efficacy of the Antitoxine was brilliantly shown in this case. Without it a recovery could hardly be expected.

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THE MEDICAL ASPECT OF DENTAL SURGERY.

By Richard Grady, M.D., D.D.S.,
Lecturer on Stomatology, Baltimore Medical College.

READ BEFORE THE BALTIMORE COUNTY MEDICAL ASSOCIATION, APRIL 21, 1898.

My friend, the late Dr. Wm. Lee, in greeting me at the last meeting, inquired pleasantly, "Are you here as a dentist or medical man?" Inspired with the duty of magnifying my calling, I answered, "As a dentist."

I feel, of course, highly honored, Mr. President and gentlemen, in having been asked to speak to you today, but I feel especially pleased that the Baltimore County Medical Association has provided in its constitution for dentists as members, following the action of the American Medical Association, which has a section on Stomatology.

Medicine is credited with being the mother of dentistry. The first dentists, at least, were medical men, and a speaker at a dental banquet recently said: "I notice this much in regard to your profession, that those who have the M.D. degree think a little bit more of themselves and of their degree and of their profession for having it, and I venture the assertion that it will not be long before the dentist will almost lose caste with the upper part of the profession if he does not have the prerequisite M.D. degree."

It is comparatively of late years that dentistry has occupied a properly recognized position among the different departments of the healing art. Many of you will doubtless recall the fierce attack by Professor H. C. Wood of Philadelphia, who stigmatized the degree D.D.S." as the "badge of partial culture." Medical men have objected (and I believe justly) to what they term "fractionally qualified" being made to appear on an equal footing with themselves. There are those who look forward to the time when every person who aspires to be a member of the dental "profession" will be required to enter it through the door of the medical college. Doubtless the establishment of professorships of stomatology will hasten this reform.

No portion of the human body is of such complex structure as the mouth, and no other has such diversified functions to perform. No more patent evidence of the coming *rôle* which the mouth is bound to play in the sphere of general medicine can be found than that in the 1897 edition of Gray's Anatomy the section on the mouth and teeth has been entirely rewritten.

The anatomy, physiology and pathology of dentistry differ in no respect from that taught in medical schools. A dentist's knowledge of these fundamental sciences admits no limitation except that imposed by mental capacity. The therapeutics of dentistry, however, is medical, surgical and prosthetic. In so far as it is a direction of medical science to the prevention, modification or removal by medicinal and hygienic remedies of the causes and effects of diseases (in the dental organs), it forms a part of a physician's practice just as does the treatment of cerebral, cardiac or pulmonary disease.

In so far as it is an application of surgical skill to the extraction of teeth, the removal of tumors, to the treatment of fractures or cleft palate, it is simply oral surgery, involving only such knowledge and skill in the use of instruments as every surgeon must possess. But dental therapeutics includes operations not taught in medical schools and not practiced in the offices of physicians and surgeons, which are assigned to a special class of practitioners, who, like the oculist and obstetrician, perfect their art by limiting the sphere of its duties.

A competency to treat intelligently any part of the animal economy presupposes a knowledge of the anatomical structure of the part; the relations to surrounding parts; the nervous, arterial and venous connections; the recognition of pathological conditions, and the philosophy of therapeutics. If pathology means perverted nutrition, and if dental lesions are expressions of such perversions, the consideration of their cause and treatment, whether local or constitutional, expresses the medical aspect of the practice.

The physician, the surgeon, the dentist, have necessarily many practical duties in common; a healthy interchange of

thought, therefore, will result in profit and instruction alike to all.

Pain in a tooth by no means indicates that the tooth is the source of the trouble; it may be in another tooth or in other tissues, near or remote. Dental disorders may induce pathological conditions in other parts of the body or in the nervous structures themselves without the existence of any subjective intimations of pain in the teeth on the part of the patient. In other words, one may have toothache in the brain, the ear, the stomach, or one may have headache, gastralgia, etc., in the teeth, just as "eye headaches" are usually referred to the brow or to other portions of the head.

Eminent surgeons have been scarcely aware how serious are some of the maladies directly dependent upon tooth-disease and how largely the pathology of the teeth is associated with morbid changes in contiguous structures. The fairness of this statement is illustrated by examples of imperfect knowledge.

A tooth has, by an error in diagnosis, been mistaken for exostosis of the jawbone, resulting in the excision of the angle of the lower jaw, which entirely destroyed mastication. Considerable portions of the jawbone, even as much as "half the inferior maxilla," have been removed for dentigerous cysts, operations having been undertaken from an incorrect diagnosis, which a knowledge of the real nature of the disease and an early interference might have rendered quite unnecessary. An impacted tooth, producing a tumor in the right upper jaw and cheek, has been mistaken for cancer, and, in the belief that it was malignant, an operation was begun for its extirpation. The external orifice of an outward-pointing alveolar abscess, dependent on a carious tooth, has been attributed to diseased bone in those conditions in which the opening occurs on the surface of the face, and an easily-cured malady has been allowed to run its course unrestrained and permanently disfigure the face.

The symptoms produced in the painful eruption of wisdom teeth have been suspected for scrofulous caries of the jaw, for syphilis and for cancer; and Velpeau, who with other French surgeons has been particularly alive to the importance of these cases, remarked in a lecture that the subject has been "too much neglected by medical men."

General systemic disturbances, resulting from diseased dental organs, might be considered as impossible were it not for the instances with which every dental practitioner is familiar, in which debility, sleeplessness, nervous derangements, mental depression, etc., after resisting constitutional medication, have yielded promptly to such treatment as was found necessary to restore a healthy condition of the mouth.

Indeed, so frequently have fretful, nervous, irritable, despondent conditions been found to depend upon dental troubles it would appear to be a plain duty to have the mouth and teeth carefully examined by a competent practitioner in the event of failure to discover other causes for such manifestations. So many and so varied are the disturbances radiated or reflected to other organs or dependent upon constitutional irritation from dental affections their enumeration in detail would be tedious. Briefly, however, it may be said that the inharmonies thus set up may range from a mere sense of discomfort up to and include the gravest and most formidable derangements, involving even life itself.

Amaurosis has been caused by crowding of teeth; has been consequent upon acute abscess of the antrum, produced by a carious tooth; has been caused by a carious molar and a splinter of tooth-pick embedded in the alveolus. Facial neuralgia has come from dentine-excrescence in the pulp cavity of a tooth; cranial neuralgia from an impacted canine tooth; intense and general neuralgia from exostosis on the roots of teeth; neuralgia of the arm from carious teeth and from undue pressure of artificial teeth; neuralgia of the neck and arm from a carious molar; neuralgia of the face, neck and arm, with partial paralysis of arm, from a carious wisdom tooth; intense neuralgia of the eyeball and face and alteration of the color of the iris from carious teeth. Deafness, in which the loss of hearing was evidently reflex paralysis, has been caused by a carious tooth, and hearing

returned, within an hour after the extraction of the tooth, to the patient who had been deaf for four days. An impacted lower tooth (bicuspid) has caused repeated abscesses under the tongue, with thickening of the lower jaw.

Interesting examples of perverted nutrition, dependent on dental nervous irritation, are recorded in which the tongue has been furred on one, and only one, side, and that side corresponding with carious or painful teeth; in which the hair of the left temple had turned gray, the change occurring coincident with and apparently dependent upon severe neuralgic pain of that side of the head, the painful affection having been caused by a carious molar tooth, the hair of the right temple remaining black; and in which ulceration of the auditory canal, depending upon a diseased molar tooth in the lower jaw on the same side, healed after the tooth had been extracted. Superficial sloughing of the cheek has been caused by a carious "tooth-stump," on whose removal the slough separated, the sore healed and it never recurred.

Tomes gives a graphic account of a terrible example of fatal lock-jaw, "induced by pivoting with a gold peg an artificial tooth upon a tooth-fang with a newly-exposed raw pulp;" and a similar case is related where trismus, followed by tetanus and death, came from the mechanical irritation of the pulp. A very interesting case of epilepsy from a carious tooth, conclusive as to its cause, is published; also one of wry neck, in which the head of the patient was drawn down nearly to the left shoulder, accompanied with considerable pain. Similar cases could be enumerated almost indefinitely.

But the sympathetic or reflex disturbances of harmony caused by dental irritation are not more interesting or instructive than are the converse manifestations of pain or discomfort experienced in the teeth, but originating elsewhere. Many of the instances of painful affections of the fifth nerve are well-marked examples of reflected sensation, the primary irritation being in the stomach or intestinal canal. The pain over the eyes so commonly associated with derangement of digestion, and which may frequently at once be relieved by correcting the acidity of the stomach, is a familiar instance. The condition popularly known as "biliousness," among numerous other manifestations, not seldom reveals itself by a peculiar discomfort produced in the teeth, which, variously described, may be summed up in the phrase, "exalted sensibility." An attack of dyspepsia is by many more quickly recognized through disagreeable sensations in the teeth than by any special stomach disturbance. In sea-sickness and in sick headache the nausea is sometimes preceded by intense neuralgia in the teeth and jaws, promptly disappearing if vomiting be induced.

In some persons hunger will excite markedly disagreeable sensations in the teeth. A case is published of a gentleman who, while convalescing from typhoid fever, was seriously annoyed by painful sensations in two of his molars whenever he became hungry. These uncomfortable sensations would rouse him from sleep, and could not be allayed except by the introduction of food into the stomach, when instant relief followed. In another curious case of nervous debility the approach of a thunderstorm or a marked atmospheric variation always produced a most tantalizing sensation of discomfort in the teeth, causing them to feel as though they were denuded of enamel. The singular affection, "brow-ague" (hemicrania), which, by yielding to quinia, reveals its malarial origin, is frequently alternated or associated with periodical pain in perfectly sound teeth; sometimes it depends on the irritation of a nerve in a decayed tooth.

It has been noted that a neuralgia originating in a diseased tooth may express itself in the face, eyes, ears or more remote parts; so, by the same methods of radiation or reflection, reversed, a neuralgia having a general or constitutional cause, as malaria, or a local cause in the stomach or elsewhere, may manifest itself in one or more teeth. There is a form of toothache not inappropriately termed "hysterical toothache," which seems to depend upon emotional rather than physical excitants, and is more amenable to mental impressions than to local or general medication. Rheumatism sometimes

produces agonizing pain in the jaws, and either by direct influence, by the sympathy of contiguity, or by radiation, may so powerfully affect an individual tooth that the patient can hardly be persuaded that instant and complete relief would not follow its extraction. It is apparent, therefore, that many severe, remote, sympathetic and reflex derangements may be associated with and dependent upon affections of the teeth. It is a sad mistake for the patient or the physician, or even the dentist, to consider the teeth as mere mechanical organs, requiring only mechanical treatment, and to ignore, therefore, their nervous relations to the entire system.

There is certainly through the period of dentition an increased susceptibility to nervous and digestive troubles. Causes which at other times have no appreciable effect may then be fraught with danger.

It may be remarked that the term "sympathy," used by dental writers to express the sensation of pain in one tooth near or remote from the seat of disease, is wholly without significance. That an irritation of the nervous connection of one tooth may set up an odontalgia that the patient locates in another tooth, whilst the inciting tooth may be painful or not, is a fact long recognized. Friedberg alludes to a case where a patient suffering for twelve days begged to have the second and third molars of the right side extracted. Both were sound, but an incisor was carious, though indolent to percussion; this was extracted and the odontalgia at once ceased. Dr. Brunton cites the case of a family servant who had been suffering from a very severe temporal headache and at the same time a severe toothache. He did nothing for the headache, but applied a pledget of cotton soaked in carbolic acid to the suffering tooth. Finally, word came to him that the girl had changed the pledget of cotton from the decayed molar that seemed to her the aching one to another hollow but painless tooth, when both the headache and the toothache vanished as if by magic.

That there have not come to hand more quotable cases illustrating neurosis of ocular and nasal origin may be because physicians have not been sufficiently and accurately observant. A case is related in which a lady suffered extremely with toothache for several days after undergoing a slight operation in the nasal chamber. Dr. Galezowski cites a case where iritis, with external inflammation of the eye, had existed for fifteen days, coexisting with great dental neuralgia on the side of the affected eye. J. Hutchinson publishes the following case: "A young man, the subject of acute ulcers of the cornea from injury, with hypopyon, chemosis and much pain, complained that his eye made his teeth and ear ache; had never heard it mentioned so definitely before. Here we have an instance in which a pain certainly beginning peripherally induced pain in two other distinct and somewhat distant peripheral parts."

Of the peripheral sources of reflex odontalgia, by far the most generally admitted and best illustrated are those proceeding from the disorders of the viscera of the abdominal cavity. Gynecologists have often noticed that toothache is frequently associated with uterine affections, and the general practitioner, as well as the dentist, has more frequently found it to be bound up with disorders of the alimentary canal. Dr. Pierce has communicated a case in his practice where a man, who had never been troubled with neuralgia, suffered for a week with severe pains in his face, though more particularly in his teeth. There was no condition of the teeth that would account for the severe pain. The patient's bowels had not been opened for a week or more. Free purgation gave complete relief.

Dr. J. W. White, in an article upon the "Systemic Causes of Odontalgia," alludes to the influences of the alimentary canal and bladder in the production of pain in the teeth. That morbid conditions of the uterus in the pregnant and non-pregnant state very commonly cause odontalgia, both in diseased and sound teeth, is a fact which has long attracted the attention of dentists and obstetricians. Dr. Garretson relates the case of a woman who complained of odontalgia which had persisted for nine weeks. A carious tooth was removed without any apparent benefit. In the absence of any

lesion in the mouth to account for the pain, a general examination of the system was instituted, when it was discovered that the inner surface of the fundus of the uterus was ulcerated. Its cure was soon followed by a disappearance of the toothache. Dr. Storer relates two cases of neuralgia of the dental and gingival nerves occurring during the pregnant state.

That thrombi, tumors, inflammatory processes, etc., at the base of the brain, within its substance, or about the cortex, may produce odontalgia is a proposition which finds but little support in the records of clinical cases. Nevertheless, such instances exist. Coleman mentions the case of an insane lady who repeatedly troubled him and other practitioners "to remove her sound teeth on account of the uncomfortable sensations which she referred to them." Dr. Stellwagon also states that he gave great offence to a military officer by refusing to extract some perfectly sound teeth which were the seat of severe odontalgic pain. The patient shortly after began to exhibit symptoms of softening of the brain. Rosenthal states that he has "seen old men, sixty to seventy years of age, suffering from melancholia complicated with neuralgia of the dental branches; these cases must be attributed to senile changes in the tissues (osseous canals or arteries)."

It is quite certain that hysteria frequently gives rise to or is associated with odontalgia. Dr. Richardson has stated that it is more common than generally supposed, and relates a case in illustration of his view that the toothache of pregnancy is frequently, if not always, connected with hysteria.

It has long been known that the various systemic conditions caused by the poisons of malaria, gout, syphilis, etc., while having no special and remarkable tendency to produce pain which the patient localizes in the teeth, are yet frequently provocative of severe and obstinate forms of odontalgia. There can be no doubt that these kinds of reflexes exist, as noteworthy cases illustrate. In malarial districts toothaches of a distinctly periodical character are observed. In the gouty and rheumatic diathesis the pain which usually localizes itself in the joints not infrequently selects one or more teeth for its local expression. In such cases the pain assumes the specific character of these diseases.

Dr. Flagg reports a case of odontalgia of malarial origin in which the patient had been under treatment for pain in her face for eighteen months. Dr. Latimer mentions a case of odontalgia of gouty origin in which a violent toothache was suddenly exchanged for a gouty pain in one of the great toes; and Dr. Harris reports a case in which a victim of gout for fifteen years went to him for odontalgia. An example of odontalgia of specific origin is given by Dr. Pierce of a young lady who had been suffering for several days from severe pain in all the teeth, though they were apparently free from disease. A few days later the trouble entirely disappeared upon the appearance of the eruption of measles.

Why the irritation from morbid conditions of the teeth should in one case result in wry-neck or facial spasm, and in another in blindness, in deafness, in chorea, in dyspepsia, in epilepsy, or in mania, is an inquiry beyond the purpose of this paper. But in this connection there is one thing beyond question: the cases presented leave no room for doubt that morbid conditions of the teeth may be, in other organs far removed, the fruitful sources of troubles whose real origin was hardly to be suspected.

Society Reports.

BALTIMORE MEDICAL AND SURGICAL ASSOCIATION.

MEETING HELD MAY 23, 1898.

Dr. John I. Pennington, president, in the chair. Drs. Cary B. Gamble, Jr., and Thomas H. Brayshaw were elected to membership.

Dr. Randolph Winslow exhibited a patient who had been injured in a crowd. His physician, Dr. E. G. Welch, found a large swelling in the right flank and pus appeared in the urine. He had considerable pain. Dr. Winslow saw him in consultation with Dr. Welch. He was

admitted to the University Hospital. Nephrotomy was performed. He appeared to progress well until symptoms of suppuration again manifested themselves. The kidney was then removed. Considerable shock followed, from which he rallied. The patient now weighs more than he ever did before. Dr. Winslow's assistant removed a calculus from one of the calices of the kidney. The crush in the crowd probably caused this to set up inflammation and suppuration. There were six distinct abscess cavities found in the kidney.

Dr. John T. King: He has at present a similar case. The left kidney was affected. This was removed. The case had at first been diagnosed as one of simple cystitis. The urine, however, was acid, showing that the trouble was in the kidney. After the removal of the left kidney the right ceased to act. Uremic poisoning was manifest and an unfavorable prognosis was given. He, however, recovered.

Dr. James E. Gibbons read a paper on "The Therapeutics of Summer Complaint of Children."

Dr. A. K. Bond: Victor C. Vaughan makes four classes of infantile diarrheas, viz., acute and chronic intestinal indigestion and acute and chronic milk infection. For the milk infection the first thing is absolute withdrawal of the milk, even breast milk, for a week or so. Feed the child on boiled water, barley water, starches, grain preparations, egg, meat preparations. It would be better for the child to be starved for a day or two than to be poisoned. A nervous element is often present. This is the case in cholera infantum. He believes that morphia hypodermically, very cautiously given, would be beneficial in children. He thinks that the injection of water under the skin would be helpful, just as the injection of saline solution in post-partum hemorrhage does good.

Dr. J. T. King: Every year he gives less and less of drugs in these cases. Cleanse the intestinal tract; then employ hygienic measures. He gives opium very sparingly and watches the cases carefully. Diet is all important. Avoid giving cow's milk or any other food for mother's milk. There is too great a tendency for mothers to refuse to nurse their children.

Dr. John I. Pennington appreciates fully what Dr. Bond has said about milk poisoning. Another difficulty about cow's milk is that we do not know on what the cows are fed. Another trouble about the mother is that women know nothing about surgical cleanliness.

Dr. Morris C. Robins: Dr. Bond has made a good point in regard to the classification of infantile diarrheas. Mother's milk is often at fault. An analysis would reveal the defect. Numbers of children are killed with paregoric. He questions if it is ever wise to use opium. He recommends calomel.

Dr. Bond: The hypodermic of morphia that he spoke of was in connection with cholera infantum. In the ordinary gastro-intestinal catarrh we would go too far in stopping the use of opium, but use it cautiously. In regard to mother's milk, many mothers are not in proper condition to nurse the baby. Some infantile diarrheas are due to heat-stroke.

Dr. M. C. Robins: Antiseptics will check diarrhea almost as quickly as opium.

Dr. J. E. Gibbons would not care to have Dr. Bond try a hypodermic of morphia on his very young infant. Calomel is the sheet-anchor. There is a danger of not giving enough drugs when we pay so much attention to diet. Mother's milk is frequently at fault.

Dr. Wirt A. Duvall read a paper on "Lateral Curvature of the Spine, and the Corset," in which he claimed that the corset is responsible for the majority of cases of that trouble occurring in the female.

Dr. Randolph Winslow thinks that a woman needs the corset to support the breasts.

Dr. A. K. Bond: When women leave off the corset something should take its place to supply the proper amount of warmth.

Dr. Duvall wished more particularly to call attention to young girls growing up. Bags and straps from the shoulders would support the breasts.

The association then adjourned until the second Monday in October.

EUGENE LEE CRUTCHFIELD, M.D.,
Secretary.

Medical Progress.

Pregnancy Following Ventrofixation with Improvements in Technique.—Author's abstract of paper read before American Gynecological Society at Boston, May 24, 1898, by A. Laphorn Smith, M.D., M.R.C.S., England; Fellow of the American Gynecological Society; Professor of Clinical Gynecology, Bishop's University, Montreal; Gynecologist to the Montreal Dispensary; Surgeon-in-Chief of the Samaritan Hospital for Women; Surgeon to the Western General Hospital.

His conclusions were based upon about 2500 cases by forty-one operators, including 111 cases of his own, reported in reply to a circular-letter of inquiry.

1. That as far as curing retrodisplacements is concerned, whether retroflexion, retroversion, anteflexion with retroversion, and also prolapse of the uterus, ventrofixation with two buried silk stitches passing through peritoneum and fascia gives the most reliable results. Failures are unknown when the operation is performed in this way.

2. Ventrofixation should be reserved for cases in which abdominal section is necessary for other reasons, such as detaching of adhesions and the removal of the diseased tubes which caused the adhesions. When it is expected that pregnancy may follow, some other operation should be chosen, because—

3. Although pregnancy only followed in 148 cases out of about 2500, still in 30 per cent. of these, or thirty-six, there was pain, miscarriage or difficult labor requiring obstetrical operations.

4. When suspensio uteri was performed, that is, the uterus attached to the peritoneum, only a few relapses occurred; but on the other hand the patients were free from pain during pregnancy and the labors were less tedious; neither did they require resort to serious obstetrical operations. The uterus should therefore be suspended rather than fixed to the abdominal wall in all cases in which any part of the ovary is allowed to remain.

5. A third method, it is claimed by some, namely, the intra-abdominal shortening of the round ligaments, is preferable to either ventrofixation or suspensio uteri. This may be done either by drawing a loop of the round ligament into the loop which ties off the ovary and tube; or, in cases in which the latter are not removed, simply to detach them from adhesions and shorten the round ligament by drawing up a loop of it and stitching it to itself for a space of about two inches. By this means the round ligament develops as pregnancy advances, and the dragging and pain and other more serious accidents which are present in 30 per cent. of the cases of ventrofixation are certainly avoided.

6. If the uterus is attached to the abdominal wall, the stitches should be kept on the anterior surface, but near the top of the fundus; the complications were more frequent when there was too much anteversion than was the case when the anterior surface of the fundus was attached to the abdominal wall.

7. As large a surface as possible should be made to adhere by scarifying both the anterior surface of the fundus and the corresponding surface of the abdominal peritoneum, in which case one buried silk suture will be sufficient to keep the uterus in good position.

8. Several of my correspondents mentioned incidentally that they knew of many cases of pregnancy after Alexander's operation and that in no case was the pregnancy or labor unfavorably influenced by it. Alexander's operation should, therefore, be preferred whenever the uterus and appendages are free from adhesions.

9. The results of Alexander's operation are so good that even when there are adhesions it might be well to adopt the procedure of freeing the adhesions by a very small median incision and then shortening the round ligaments by Alexander's method, after which the abdomen should be closed. This could be done without adding more than one-half of 1 per cent. to the mortality, which in Alexander's operation is nil.

* * *

The Paralyses of Whooping-Cough.—A careful study has been made by Dr. Charles Leroux of the paralyses associated with whooping-cough. The

results of his investigations have been published in the Lancet. The total number of cases collected by him is thirty-eight. Of these, twenty-five were those of children under five years of age. The paralytic seizure occurred in most cases during the ascendency of the disease, but in some during its decline. It was associated with severe types and sometimes with various complications, such as scarlet fever, broncho-pneumonia, etc. Dr. Leroux classifies the resulting lesions under four chief headings. 1. Cerebral paralysis. This is commonly hemiplegia, though two cases of monoplegia, both of the right arm, are also recorded, as well as cases of aphasia and cases of disturbance of special senses. 2. Of spinal paralysis two cases with paraplegia of the legs are quoted. 3. There are also four cases which appear to depend upon peripheral disorders, different groups of muscles being involved in each case. 4. An example of disseminated sclerosis, though possibly existent before the cough began, appeared to be distinctly aggravated by its development.

Dr. Leroux draws attention to the question of prognosis. He finds the mortality to be six cases out of the thirty-eight, and he directs attention to the fact that very young children are particularly liable not only to die, but where this result is prevented, to retain a degree of permanent paralysis. As the age of the child increases the prospect of complete recovery from a seizure improves. The pathology of these various conditions, though more or less obscure in many cases, is decipherable with tolerable clearness by the light obtained from a limited number of necropsies. It comprises congestions, hemorrhages—submeningeal, meningeal and cerebral—and patches of inflammatory softening. In discussing this part of his subject Dr. Leroux notes the fact that the cough paroxysm alone does not account for the nerve paralyses, as these have occurred repeatedly during the decline of the disease. He is disposed rather to regard whooping-cough as exercising a damaging influence on the coats of blood vessels in the nervous tissues, very much in the same way as other infections have been shown to do. Whether this theory be entirely justified or not, it is at least instructive to be reminded of a complication which, though rare, has long been recognized among the less regular characteristics of whooping-cough. Its bearing on treatment is obvious. In this connection much is apt to be left to nature, but the cases above mentioned ought to impress the fact that there is a very real purpose in the maintenance of effectual sedative measures. The common practice of exposing children out-of-doors in all weathers is much to be reprobated as tending to induce those pulmonary troubles which are liable to induce convulsions and thus easily lead to other and dangerous forms of brain disturbance.

* * *

Sedentary Employments.—Very little observation will suffice to convince anyone of the difference which exists between those who follow sedentary and those engaged in outdoor occupations, as far as their physical appearance goes. The city clerk, the employes in shops, and those who follow sedentary occupations, whether male or female, do not, says the Lancet, usually present anything like the healthy appearance, nor have they the coloring, the healthy facial expression, or the robust aspect and upstanding carriage of those who live in the country or at the seaside, or of those who follow an out-of-doors life and take sufficient physical exercise. But making every allowance for the depressing effect of sedentary habits and occupations in these respects, how much of it is avoidable and attributable to the unhygienic conditions, personal and otherwise, under which such occupations are carried on? It will be frequently found that the offices, rooms and places of business in which clerks and others are employed for the greater part of the day are small, badly lighted, ventilated and warmed; that the air is more or less stagnant and foul, owing to complicated or bad structural arrangements, with probably narrow, tortuous, dark passages; that the water closets are improperly placed, and that a good deal of overcrowding exists. Now although a sedentary life is not, of course, the healthiest kind of life, it is,

nevertheless, more or less healthy in proportion as the local conditions are healthy or otherwise. Clerks and city employes are not generally robust folk; they usually possess a feeble circulation; their work is nerve-exhausting, entailing, as it does, various degrees of mental tension and strain of eyesight, and sedentary work is, moreover, cold work. Those employed are liable from the nature of their duties and the closeness of the atmosphere in which they have to pursue them to headaches and a feeling of exhaustion which probably induces many of them to have recourse to "nips" of alcohol. The necessary remedies obviously are fresh air and light, together with warmth; the incoming air requires to be warmed during the greater part of the year in this climate. Business people in the city, even to put the matter on merely economical grounds, do not practically get the best attainable out of those in their employ for want of proper care and attention to these details, to say nothing of the inconvenience and pecuniary loss arising from frequent absences from temporary causes of ill-health. Great improvement has no doubt taken place of late years, and most of the banks and large city offices are well provided in these respects, but there still remains much to be done which could be effected if enlightened views about the laws of health and hygiene were more generally recognized than they are.

* * *

Movable Kidney.—Dr. John A. Lechty, in making a report of cases of movable kidney in the Philadelphia Medical Journal, concludes as follows:

1. Movable kidney may be easily overlooked.

2. Unless due to some disease in the organ itself, movable kidney is consequent to a peculiar fault in nutrition, and is always accompanied by some nervous symptoms.

3. The treatment of movable kidney, not due to any pathologic change within itself, must always be directed towards the correction of the faulty nutrition, and a regaining of at least the normal body-weight.

4. If the symptoms do not disappear after this is accomplished, fit a supporting bandage.

5. If the symptoms disappear with a bandage, and if later it seems necessary to wear this continually, give the patient a choice between the bandage and a surgical operation.

6. If the symptoms do not disappear after the normal body-weight is gained, or after a thorough trial of the bandage, operate, fixing the kidney permanently.

7. If movable kidney is due to disease in the kidney itself, remove the kidney early if at all allowable.

* * *

Methylene Blue in Diabetes Mellitus.—A case reported in the Therapeutic Gazette is of interest. A man of fifty-three years, suffering from headache and general malaise and other evidences of diabetes mellitus, including glycosuria and albuminuria, received five to eight grains of methylene blue, and under these circumstances the albumen materially diminished and the sugar markedly decreased in quantity. The quantity of urine was also decreased. In a second case the results were equally satisfactory. In this instance four pills of methylene blue to the amount of two grains each were administered each day with marked benefit. One advantage of this treatment is that it tends to relieve any neuralgic pains from which the patient may be suffering.

* * *

Tracheotomy After the Use of Antitoxine.—Noccioli (British Medical Journal) contributes some statistics as to the results of tracheotomy in diphtheria after the use of serum. His tracheotomies number fifteen in all; of these, seven died and eight were cured. But for various reasons four of the deaths can be excluded, which brings the mortality down to 25 per cent., a great improvement on the statistics of the operation before the use of antitoxine. The author never used an anesthetic; in all cases except one he performed the high operation. No inconvenience followed the removal of the tracheotomy tube, usually on the eighth or tenth day after the operation.

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BALTIMORE, JULY 30, 1898.

Collecting Debts.

IT is a threadbare story that the physician, as a rule, is a poor collector, and when he does insist on having his dues, he is at once written down as an oppressor of the poor and a lover of money.

The *Boston Medical and Surgical Journal* gives an account, quoted from *Science*, of the legal practice in India of sitting at the debtor's door and not eating until the debt is paid. The debtor must either pay up or move away or else the creditor will starve himself to death. If the creditor dies the debtor is held for murder. The wild fancy of the fiction writer can imagine the picture at the present day of the starving, dying and dead physicians at the doors of wealthy but hard-hearted patients.

This custom, like many others of the East, is old, and would be a very silly proceeding at the present day, but it has its good effects, and the modern physician, even if he prefers to live rather than to die on numerous doorsteps, should never forget that when he insists on his just dues he usually gets them, and at the same time helps the younger physician to collect his debts by force of example.

How to Eat.

IT has been taught for a long time that haste in many matters was not judicious or healthy, and the physician is constantly warning his patients not to eat hurriedly, but the *Journal of Nervous and Mental Diseases* says that the prevalent idea that slow eating aids digestion is wrong; that the important thing is not so much to eat slowly, but to chew thoroughly. Mastication is more important than moving the food about in the mouth, while energetic chewing stimulates the secretion of saliva.

These statements should not be spread abroad among the laity, as it will not only give them a truth half told, but it will make them think more than ever that doctors disagree. Slow eating is important, and talking at meals is also an assistance to digestion, and the moving of food about in the mouth mixes it with the saliva and causes the process of digestion to begin at once.

The promulgator of this new theory evidently wishes to make a startling statement to attract attention. It is hoped that physicians will not teach their patients that rapid eating is conducive to health.

Rapid eating is the cause of many troubles, and certainly at summer resorts, where persons leaving the warm city come to a hotel with a varied and attractive table. Not only rapid eating, but gorging, causes disorders which help the hotel physician to fill his pockets at the expense of gluttony.

* * *

War Surgery.

WHILE the records of deaths and disasters from surgical injuries in the present war are not yet complete, still enough has been published to show the advances made since the civil war in the United States, and even since the Franco-German war in 1870 and 1871. Many wounds and apparently serious injuries which would have been fatal in former wars have been so treated antiseptically by skilled hands that lives have been saved and limbs and other parts of the body restored to usefulness. Those who have had an opportunity to see and to inspect the hospital ships report that everything conceivable for the help of the wounded has been brought together on one of these ships, and if one lesson more than another is to be drawn from this unnecessary war it is that the American nation has given all other nations an object-lesson in humanity in the care of friends and of foes.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 23, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	5
Phthisis Pulmonalis	..	12
Measles	13	1
Whooping Cough	7	1
Pseudo-Membranous Croup and Diphtheria.	25	11
Mumps	..	..
Scarlet Fever	10	1
Varioloid	..	..
Varicella	..	.
Typhoid Fever	8	3

The Jefferson Medical College will have a new building in Philadelphia.

Dr. A. W. Clement, the State veterinarian, is after the unclean dairies of the State.

The plan to filter the Baltimore water supply is dead. Cumberland will probably try it.

Dr. B. Berwick Lanier of Baltimore has been appointed acting assistant surgeon in the army.

The British Medical Association will open its sixty-sixth annual session at Edinburgh next Tuesday.

Charitable institutions in the United States will feel the effects of the war tax on the legacies left them.

Cohn, the celebrated Breslau botanist, and well known for his early classification of microorganisms, died, aged seventy.

Dr. James M. Warren, a leading physician of Rockingham county, Virginia, died at his home in Bridgewater, after a brief illness.

Several members of the Baltimore University School of Medicine Faculty have resigned. The vacancies will be filled as soon as needed.

The meeting of the Medical Society of Virginia, to be held at Virginia Beach August 30, 31 and September 1, promises to be a great success.

The Medical Examining Board of Virginia met at Richmond and examined a large number of candidates, many of whom were not graduates

The Roman Catholic Bishop at Augsburg has recently requested the clergy in his diocese to refrain from giving medical advice.

Among the physicians appointed on the staff of the Ohio penitentiary is Dr. D. G. Sanor, a graduate of the Baltimore University School of Medicine in 1894.

The San Diego (Cal.) Medical Society has filled the positions of president, vice-president and secretary by women physicians. The Maryland State Medical Society has a woman vice-president.

Dr. John S. Fulton, secretary of the State Board of Health, has accepted an invitation to deliver an address at the quarter centennial celebration of the Michigan State Board of Health at Detroit on August 9. He will probably devote his paper to "The Work of the State to Prevent Diseases."

In the death of Dr. Alan P. Smith the medical profession of Baltimore, and indeed the whole country, has lost a surgeon whose records in his specialty will long be remembered. Son of the "old emperor," as the late Dr. N. R. Smith was called, he followed closely in his father's footsteps, and was easily the leading lithotomist of this country. Dr. Smith's life-history and his positions are well known to every physician of Baltimore. He was born in 1840, and after receiving his academic education at Princeton he returned to Baltimore and entered on the study of medicine at the University of Maryland. In those days the old Baltimore Infirmary was the principal hospital in the city, and the late Dr. Nathan R. Smith was accustomed to meet his classes early in the morning, and often went around the wards by candlelight. Dr. Alan Smith was appointed adjunct professor of operative surgery in the University of Maryland in 1868, and he occupied the chair of operative surgery from 1873 to 1877, when he retired to devote his entire time to private work. One of the most valuable contributions to surgical literature, and perhaps one of the most successful records, was his series of fifty-two operations for lithotomy without a death. Several years ago, as a result of his hard work, Dr. Smith was compelled to give up the principal part of his work, and not long ago retired an invalid. Among the children who survive him are Dr. Nathan Ryno Smith and Dr. Walter Prescott Smith, both in active practice.

Washington Notes.

Dr. Robert Reyburn is making an extended visit at Atlantic City.

Dr. John Toner of St. Elizabeth's staff is at Atlantic City.

Dr. Fred M. Bogan, assistant surgeon, U. S. navy, has been ordered to the Norfolk navy-yard.

Dr. Edmund Barry has received an appointment as contract physician, and is on duty at Camp Alger.

The sanitary condition and management of Fort Myer Hospital should be rigorously investigated.

Dr. L. J. Southern has been appointed physician to the poor to serve during the absence of Dr. Wm. C. Morgan.

Dr. Clarence A. Weaver, first assistant surgeon to the First Regiment D. C. Volunteers, has been compelled to return to the city, being seriously ill with malaria fever.

There were 110 deaths in the District last week, a decrease of 40 per cent. from the previous week. There were four fatal cases of typhoid, two of diphtheria and one of measles.

Typhoid fever is causing considerable trouble at Camp Alger, and active steps are being taken to check its progress. The Daughters of the American Revolution are sending large supplies of hospital material.

The District Commissioners have ordered the preparation of plans for the construction of an isolating building for minor contagious diseases on the grounds of Providence Hospital. The building will cost about $25,000.

A military hospital will soon be established in Honolulu on the premises known as Independence Park. The pavilion on the property will be altered and enlarged and fitted up for a military hospital. This institution will take cases beyond the province of the Red Cross Society, such as those requiring surgical attention.

Dr. George Byrd Harrison died Thursday evening at Cape May of congestion of the brain. Dr. Harrison was born August 30, 1844, served in the Confederate army, graduated from the University of Virginia in 1879, and began the practice of medicine in this city in 1880. He was one of the attending physicians to the Emergency Hospital and Washington Asylum, and was professor of diseases of children in Columbian University.

Book Reviews.

Vade Mecum of Ophthalmological Therapeutics. By Dr. Landolt and Dr. Gygax. Philadelphia: J. B. Lippincott Co.

This little book is an English translation, from the French, by Dr. E. H. Neyman of Milwaukee. The distinction of its chief author at once entitles it to a place among accepted books. It consists of 138 pages, devoted to a concise statement of remedies used in eye diseases, arranged in alphabetical order. Both diseases and remedies are given, so that one can at once turn, without looking in an index, for the uses of a remedy or the therapeusis of a disease. The book is, as its name implies, intended as a constant companion of the student in his hospital work. Some of the means advocated—for instance, the preparation of a patient prior to cataract-extraction—may not receive universal sanction in our country, but the reader is notified that untoward results are sometimes to be looked for, and is told what to do under these circumstances. No attempt is made to teach diagnosis; thus one evil of all such "compendiums" is avoided—their substitution for larger works. The question naturally suggests itself, wherein lies the usefulness of such publications if the student is obliged to go to his larger works in order to make them useful? The chief merit of this book lies, we think, in its being a summary of remedies, which a man of Dr. Landolt's experience and judgment feels he can recommend.

Twentieth Century Practice: An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by Thomas L. Stedman, M.D., New York City. In Twenty Volumes. Volume XIV., "Infectious Diseases." New York: William Wood & Co. 1898.

While this is the fourteenth volume of the set, it is in fact the second volume of the work on Infectious Diseases. In this book are treated scarlet fever, measles, German measles, chicken-pox, glandular fever, whooping-cough, cholera infantum, cholera nostras, Asiatic cholera, dengue, beriberi, miliary fever and Malta fever. There is nothing especial to note about this second volume. The section on scarlet fever is naturally much longer than those on other subjects, but each topic is carefully considered, and this completes this excellent work on the infectious diseases.

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Original Articles.

SOME ABDOMINAL CASES.

By George Ben Johnston, M.D.,
Richmond, Va.

Professor of Gynecology and Abdominal Surgery, Medical College of Virginia; Fellow of the American Surgical Association; Member of the Southern Surgical and Gynecological Association, etc.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, JUNE 12, 1898.

It is a source of regret to me that I have not for the past ten or fifteen years kept the pathological specimens that have come from the various operations I have performed, because great benefit may be derived later on from a correct study of these specimens. With this in view, for the last few months I have kept all specimens worth preserving, concerning a few of which I speak to you tonight giving a brief history of the cases from which they were obtained.

Case I.—The first specimen I wish to show was taken from Mrs. R. D. B., aged twenty-four years, referred to me by Dr. J. P. Haller, Pocahontas, Va. Admitted to the Old Dominion Hospital January 17, 1898. Previous history uneventful save an attack of typhoid fever six years ago. Married six years; one child five years of age; no miscarriages. For two years has suffered with leucorrhea and very painful menstruation. Periods have not appeared for five months.

An examination of this case, made on the 18th day of January, revealed a large, globular tumor in the lower part of the abdomen, some enlargement and swelling of the breasts, discoloration of the nipples and fluid in the breasts. On minuter examination fetal movements could be feebly discerned. A digital examination by the vagina revealed a large and eroded cervix, and inspection discovered a large ulcer upon the cervix, which turned out to be a carcinoma.

This condition confronted us: Here is a woman only twenty-four years of age presenting a carcinoma of the cervix, complicated by pregnancy advanced to the fifth month. Complete hysterectomy was the only course for her relief. I thought it a pity to sacrifice the child, and therefore determined to keep her under observation to discover whether or not the disease was making rapid strides. It was ascertained that the spread was slow. I therefore determined it would be justifiable, so far as the woman was concerned, to defer any operative interference until the child was at least viable. I recommended a return to the hospital after the termination of the seventh month of pregnancy.

She was readmitted to the hospital on the 13th day of March, and was operated upon on the 22d. The operation was the Porro, and the anesthetic used was chloroform. All of the ordinary preparations of the patient were made. The first step in the operation was the complete destruction of the cancerous tissue of the cervix by means of the galvano-cautery. A long, free incision was made in the abdominal wall, and quickly carried down to the uterus, which was exposed and delivered through the wound. Two loops of a large elastic ligature were thrown around the cervix, but not tightened. An assistant grasped the cervix firmly with the hand to control bleeding. The uterus itself was then incised by a free and rapid

incision, and immediately the child was delivered, cord clamped, and child turned over to the accoucheur. The ligature around the cervix was at once tightened and clamped, and when this was completed a large pad of gauze was put into the uterus and two stitches of pedicle silk were made to close the uterine incision. No attempt was made to dislodge the placenta, and a gauze sponge was placed in for the purpose of absorbing any oozing that might occur, thus diminishing the risk of contaminating the peritoneal cavity. In the meantime, the intestines had been protected by large sheets of gauze. From this point on the operation was one of simple hysterectomy. The ovarian vessels were ligated, divided between the ligatures and then the uterine arteries were secured, the vagina opened from above, the cervix dissected out, as was also the upper portion of the vagina. As soon as this was accomplished, the proper toilet of the peritoneum was made and the wound closed by through-and-through silk-worm gut sutures. I have long abandoned the practice of closing the abdominal wound with tiers of sutures, using only through-and-through sutures of silk-worm gut. Vaginal drainage was used.

This woman made a very happy recovery. The child, which was rather poorly nourished, perished at the end of two and a-half hours. The second day there appeared in the breasts a considerable flow of milk, which was suppressed by the application of the so-called Murphy jacket. The specimen from this case shows the uterus with placenta firmly attached, the umbilical cord and portions of the fetal membranes. I was much struck in this instance, as I have been in others, to see the extent to which very muscular specimens shrink after removal.

Case II.—The next specimen, a rare one, as presenting a very curious combination of pathologic conditions, is from the case of Mrs. A. V. W., referred to me by Dr. H. C. Beckett, Clover, Va. This patient, a white female, aged fifty years, gave the following history: Married at twenty-seven, but never had any children. Menstruated at seventeen, after which courses were regular, but attended with much pain since marriage. Has considerable leucorrhea and bloody discharge. About eighteen years ago consulted a physician in this city, who told her she had a small fibroid, which would disappear at change of life. Not troubled again until June of last year, since which time she has had six attacks, each of increasing severity, of intense pain in abdomen, accompanied by some bloody discharge, and confining her to bed for several days during each attack. Admitted to the Old Dominion Hospital May 3, 1898.

An examination of this patient revealed the uterus perhaps five times as large as normal, nodular, and somewhat depressed, the cervix being within easy reach of the examining finger, which also revealed an ulcer upon the cervix, and the further fact that carcinoma of the cervix was complicated by fibroids of the uterus.

A complete hysterectomy was undertaken, and was free from incident. Upon removal of the uterus it was discovered that not only were there fibroids in the structure of this organ, but also a subserous fibroid, situated on the posterior surface of the uterus and about the size of a small walnut, which had undergone *calcareous degeneration* here shown. You can hear the sound as it is struck by the nail. It was covered only by peritoneum, with an absence of all other tissue. In the body of the uterus other masses were plainly seen. This patient also made a perfectly satisfactory recovery and has returned home.

Case III.—One of the most interesting specimens I have to show you is that taken from a negro woman, Maria Prosser, referred to me by Dr. C. M. Miller, of this city. This patient, aged forty-eight years, was married at nineteen, and has had fifteen children, triplets once. Menopause six or seven years ago. No previous illness. Complains of severe pain and enlarged abdomen, which symptoms were first noticed about four years ago. Pain intermittent. Four months ago had very severe attack of pain and rapid increase of swelling. Had general edema and some congestion of kidneys, due to pressure. Occasional discharge from vagina, but no hemorrhage.

When I first saw her, in consultation with Dr. Miller, she was much debilitated, greatly reduced, thoroughly anemic, abdomen enormously swollen, not only from the tumor, but also from a collection of ascitic fluid, and edema of the lower extremities. Examination showed a large, irregular tumor occupying lower portion of the abdomen, extending above the umbilicus, higher on the right than on the left side. The abdominal walls were very thin. Prominently shown above the symphisis was a protuberance half the size of a cocoanut, movable from side to side, and plainly attached to the tumor. The neck of the uterus was out of reach of the examining finger. The mass resembled a full bladder displaced by a pelvic tumor, but was pronounced to be the uterus, with tumor attached. The diagnosis made was intraligamentous cyst of right side, with the uterus lifted out of the pelvis. Deeming it unwise to operate in her present condition, she was put under a preparatory course and then operated upon at the Old Dominion Hospital on May 21.

After the incision was made and the tumor exposed, the accuracy of the diagnosis was verified. Ordinarily this would have been an extremely difficult case, and in all likelihood radical operative interference would have proved fatal. Goodell says: "These are the patients that die on the table."

We are indebted to Dr. Rufus B. Hall, of Cincinnati, for a recent method of dealing with intraligamentous cysts which renders the operation almost as safe as an ovariotomy. The old method was to split the peritoneum, then proceed to enucleate the cyst. As the blood supply is very large, this meant very profound and sometimes fatal hemorrhage. The operator was embarrassed by the great flow of blood, had to work with the utmost rapidity, his manipulations had to be carried on by the sense of touch and not by sight. Having heard Dr. Hall describe his method at the recent meeting of the Southern Surgical and Gynecological Association, where he exhibited a specimen very similar to the one before us, I concluded to try his method in this case, and found it to work admirably.

I proceeded to do a supra-vaginal hysterectomy, and was able to control the blood supply to the tumor. I ligated the ovarian artery on the healthy side with a double ligature, then severed the tissues between the ligatures, went down to the uterine artery on the same side and ligated it, after securing which I returned to the affected side and ligated the ovarian artery. This left no vessel of magnitude, save the uterine artery on the affected side. I then severed the cervix from the good to the affected side until I reached the uterine artery, passed a ligature around this and proceeded to lift the tumor out. *Practically no blood was lost.*

After removal the tumor was discovered to have three very large cavities filled with fluid and accumulated blood. One of these cavities contained a clot very firmly organized; in the others the fluid was thin and left clean walls.

This woman did extremely well for the first three days; then, in the temporary absence of the nurse, got up and sat in a chair. Untoward symptoms developed, and her life was despaired of, but the symptoms subsided and an excellent recovery followed, the patient leaving the hospital at the end of six weeks. This case is of particular interest, as occurring in a negro woman. Tumors of this type in the negro race are even rarer than ovarian tumors, which latter are almost never seen. This specimen may, therefore, be regarded as a surgical curiosity.

The next specimen is that taken from a woman recently admitted to the Old Dominion Hospital, referred to me by Dr. R. W. Fry, of Roanoke. Mrs. M. C. W., aged thirty-five years; married. Previous history: Menstruated at fifteen; regular ever since. Married at eighteen; three children and five miscarriages; last three due to lacerated cervix. Typhoid fever at the age of twenty-five. Says she has suffered with congestion of the womb for ten years, and has been treated for ulceration of the womb. Pain is most severe between periods; is located in lower part of the abdomen, extending down the thighs, especially the right one. Dr. Fry examined patient, and, finding a mass in the pelvis to right of uterus, diagnosed some form of ovarian tumor and

referred the case to me. Admitted to the Old Dominion Hospital June 8, 1898. On the right side I found a mass the size of a large orange; on the opposite side there was an enlarged fallopian tube, the nature of which I was unable to make out, though convinced it was a hydrosalpinx or pyosalpinx. The ovary on the left side was enlarged and very firm.

Operated upon on June 11. Upon opening the abdomen it was found that the entire pelvis was domed over by a mass of matted adhesions, the like of which I have rarely seen. It seemed impossible to enter this roof in order to get down into the crevices where lines of cleavage could be established. After a time we were successful in our attempt, and began to excavate the uterus and its appendages. When this was accomplished, the left tube was found in a state of hydrosalpinx as large as the thumb of a good-sized hand. The ovary on the same side contained a hematoma. The mass on the right side was discovered to be an ovarian abscess. Supra-vaginal hysterectomy was decided upon and accomplished in the usual way, after which a glass drain was inserted. The patient made an excellent recovery. This is a very interesting specimen as showing a multitude of pathologic conditions.

Case V.—Here is another specimen, which I regret to say has been practically destroyed by the evaporation of the alcohol from the preserving fluid. It comes from a woman referred to me by Dr. J. Bolling Jones, of Petersburg. Miss A. L. F., white, aged thirty-eight years, was in good health up to sixteen years ago. At that time noticed a protusion of the cervix. This has given her much discomfort. Marked nervousness, indigestion and nausea. Admitted to the Old Dominion Hospital December 7, 1897.

It was perfectly easy to diagnose hypertrophied cervix, descended uterus, fibroids (which were everywhere to be felt over the fundus of the uterus), and also a tumor the size of a cocoanut to the right of the uterus, but as to what this tumor was, I felt uncertain. I gave the diagnosis of probable dermoid cyst, and the operation proved its correctness.

The uterus was found to contain a number of fibroids, varying in size from a hickory nut to a small lemon. Apparently all of them were subserous. It was, therefore, not necessary to remove the uterus, but was to do myomectomies. Therefore these four fibroids were enucleated and the buttonholes through which they were removed from under the peritoneum were stitched up by Lembert sutures. The mass to the right of the uterus was enucleated, raised out of the pelvis and removed by the ordinary method of ligating its pedicle. A ventrofixation was next performed. The cervix was found hypertrophied and within the vagina. As a matter of safety the undiseased ovary was removed, hoping to produce an atrophy of the uterus, diminishing the elongated cervix and rendering fixation more safe. These objects were accomplished by the operation.

On examining the tumor it was found to be a dermoid cyst, filled with the characteristic cheesy masses and oily fluid, and contained a great deal of long, coarse, brown hair, growing very abundantly from the cyst wall. Teeth, bone, serous and mucous membranes are occasionally found in these tumors, and by one or two observers it has been reported that tissue resembling brain substance has been found in them. This patient made a first-rate recovery.

Guaiacol in Epididymitis.—Lenz (British Medical Journal) gives his results from the use of guaiacol in fifty-two cases of epididymitis, fifty of which were of gonorrheal origin. He uses a 10 per cent. ointment made with vaseline, or a 5 per cent. if the skin of the scrotum is tender. The scrotum is first washed with soap and with ether. This ointment is applied during the acute stage, and the author claims that in from three to five days the fever, pain and swelling disappear. In subacute stages the action of guaiacol is less active and very slight in chronic cases. After the acute stage it is best replaced by a 1 or 2 per cent. ointment of extract of belladonna, with equal parts of simple ointment and unguentum diachyli. Salol internally, fifteen grains *ter die*, is a useful adjunct to the treatment.

SPUTA AND EXSPUITION.

By E. Tracy Bishop, M.D.,
Smithsburg, Md.

READ BEFORE THE WASHINGTON COUNTY MEDICAL SOCIETY.

The English word spit, the Anglo-Saxon spittan, Danish spyt, Icelandic spyta and the Latin word sputum are all of them so similar in sound that it would seem as if these words, or these races, or all together, had a common origin. But when we consider that the word is of purely phonetic construction it would suggest rather that all these races, so widely different in source, had the same labial conformation.

The lips that perform the operation of spitting, and that also characterize the act phonetically, are, of course, prehensile organ adapted to their special duty—that of seizing food and conveying it to the fauces. Their similarity of shape, as indicated, would make it appear that all these races fed similarly, and likely upon similar food. The sound of the word would lead one to infer that the lips that formed it were rather thin, as such a sound as spit would not readily come from a heavy mouth.

Πτυω, the Greek word for spitting, is clear proof that the Greeks had lips that were thin and flexible. A characteristic of the Greek mouth now is the thin lip. What a physiologically perfect mouth had Helen of Troy that could induce Paris to act the rascal, and that could make all those grand old heroes act the fool by fighting to the death over her.

The Hebrew always, *sui generis*, has his own sound-words for spitting and for spit—yaraq or raqaq and for spit roq. All these words are phonetically produced by the act of hawking. The Hebrew, inhabiting a warm country subject to drouth and its accompanying dust, would of necessity keep his mouth shut and breathe through the nose. So that he only had occasion to spit when clearing the throat of the impurities caught there from the inhaled air.

Parenthetically, it might be remarked that a large nose is not to be despised. It is a monument to the wisdom of the people who know enough to keep their mouths shut. The word spit is a veritable shibboleth on occasion.

Of the earliest inhabitants of the British Isles there yet remains a fragment of a race of people easily identified by their brogue, who can only say "shpit." The possible cause for this is the peculiar conformation of the mouth. The upper jaw being developed as a prehensile organ, just as certain African races have special development of the lips for their more perfect adaptation to the food upon which they subsist (probably "watermillion"). These have a largely-developed jaw.

These people being descended from the Druids, who worshipped among the sacred oaks, makes it seem as if their race food were nuts, and the large jaw were evolved through cracking them. This is, of course, mere speculation, but it is in strict accord with the law of evolution. Those famous root-eaters, the Chimpanzees, have the same special development. I refer the further consideration of this interesting subject to the professional ethnologist, with my full consent to use these suggestions.

Spit is that matter that collects in the mouth from its secretory organs, or that comes up from the air passages or pharynx or posterior nares, and that ought not to be swallowed. An ideally healthy person has no spit, excepting for cleansing purposes. The existence of the word, therefore, shows what a rare animal the perfect man is. The act of spitting is symptomatic of an imperfect condition of body, and of mind, too, for that matter. For what are we to think of the mental condition of a man who by any artificial means develops the spit craze.

Spitting is not exclusively human as a characteristic; insects do it. It is an accomplishment of the grasshopper. This creature exudes a matter suspiciously like tobacco juice. Seeing this apparently human function, scientists have looked for other points of similarity to the highest order of created beings, but happily so far without success. There are animals also that spit. The camel and the llama do it, but only when anger makes them forget good manners.

The natural purpose in spitting is to rid the system of waste matter that might prove harmful if retained. The motives prompting the act of spitting are widely different. There is an involuntary impulse. The act is also an expression of anger or disgust or contempt. Antonio annoyed and disgusted and humiliated Shylock by spitting on his Jewish gaberdine. It was an outrageously dirty Christian trick. Jewish spit would have been bad enough, but that of an omniverous Christian, with mouth and throat inflamed by intemperance in food and drink, was intolerable. It might have been worse, but in those days Christians did not also chew tobacco.

Spitting is an ancient expression of Jewish hatred, and to this day they show their never-dying hate toward Christianity by fiercely spitting at the hill of crucifixion. The Matabele Africans have a singular way of expressing reverence toward anyone by profusely spitting on and rubbing it over their hands. The only explanation I can suggest of the curious act is that they once were cannibals, and they mean by it that you are good to eat.

Spit is utilized in various ways. It is used as an adhesive. The farmer spits on his hands to make them stick to the plow. The shoemaker uses it as a lubricant. He spits in his hands to make his wax ends slip freely. I once knew a shoemaker who was so engrossed by his business that he always spat in his hands when assuming the bread knife. I do not mean that I knew him well enough to dine with him. David once used his spittle by spattering his beard and clothes with it to make Achish think that he was crazy, and he succeeded, too. That trick is occasionally tried nowadays. I once witnessed an attempt, but it failed. The fact being that so many forefronts are bespattered in this way that it is no longer a diagnostic symptom.

The Great Physician once used spit mixed with clay in the treatment of a very bad case of ophthalmia. A very perfect salve—soothing and aseptic. I know of no ointment now that would be more appropriate or that would prove more efficacious. I do not know, however, how it could be supplied at this present day. Hardly by any of the disciples of the Great Master of the healing art. They have not got the pure spit.

Disease of the mouth, of the throat, of the nose, of the lungs, of the stomach, has robbed them of the power as Delilah robbed Sampson. So that in all the wide Christian world there is not left one D. D. actual or possible who could furnish a pot of ointment such as this. Indeed I am afraid that there are many of these professionals whose spit would be so charged with a solution of a tincture, maybe of nicotine, that a single application would make even a healthy eye stone blind.

As to what becomes of this great flood of deleterious waste. Some of it is deposited upon the floors at home, where the women come after and scrub it up, or it is employed in frescoing the walls even of the bed rooms, generally of a dark brown. Some persons, refined persons, these, exude it into boxes that are placed conveniently in houses, stores, theaters, halls of justice, where the pure goddess is supposd to hold, evenly poised, her scales. I have seen them in churches even, and once I remember to have seen one in a pulpit, and I saw the preacher hit it every time from his stand before the Bible. It is ejected upon the floors of steam and street cars, which are constantly dragged by ladies' dresses, and it is recklessly spurted upon the pavements and other walks, where it defiles the sole of the wayfarer.

It must be a singular sight to see a beer-drinking German (beer-drinkers are always great spitters) standing half-concealed in one of the public water closets of the town and spitting over on to the pavement. Physiologically (and it ought to be socially), more correct to reverse his doings. I think it is much more dangerous, and therefore more dirty, to spit upon the street than to urinate there. Spitting as an accomplishment is said to be peculiarly American. Martin Chuzzlewit was greatly entertained by it until he was more effectually entertained by the dealers in the real estate of the Garden of Eden. As a class, Congressmen have the reputation *par excellence* of spit-

ters. Retained always, but acquired away back in the times of Davy Crockett. Congressman Crockett excelled, although he had never yet made the acquaintance of a congressional spittoon. It was he who threatened to spit into the cuspidor of the Secretary of State unless the servant removed it from where he was spitting upon the Brussels carpet.

But of all the remarkable dispositions made of spit, that by a woman is the most remarkable. They do not spit upon the floors or in public places or into spittoons. That would not be proper from the ladies' point of view. And besides, it might offend the sensibilities of the gentlemen, for whose use the spittoon was invented. Instead they swallow what certainly ought to go into the sewage. In plain English, they spit matter into their stomachs, and no matter what it is, either. Diseased secretions from diseased mouths, or posterior nares or lungs, down it goes with an equanimity that is not charming, but is certainly wonderful. If a man should attempt the same thing his gorge would rise at it as did Hamlet's at sight of Yorick's skull. When Job complained against the Lord that he would not wait until he had swallowed his spittle, he must have meant to commit suicide in that way.

The inspection of sputa is of great value to the diagnostician. The doctor reads the fate of his patients from their appearance as the ancient priest read the future from the intestinal aspect of the sacrificial victim. And since the days of the bacillus and the coccus it has come to be the vast hunting-ground of the microscopist.

One curious result of applied bacteriology is that some persons have come to regard the communion cup as a possible way by which diseases of various kinds may be communicated through the sputa. Once I had occasion to watch for the communication of syphilis by this means. But although I kept it up for two or three years, I saw no evil results follow. The possibility of such a result, however, is enough to cause one to hesitate in the performance of one of the most important requirements of the Christian religion. One naturally hesitates whether to go to heaven from a syphilitic carcass or to risk hell from a clean corpus. It does seem, however, that it would be but a reasonable requirement that tobacco-chewing and tobacco-smoking and beer and whiskey-dringing Christians and those otherwise afflicted with diseased mouth secretions should wait until their healthier brethren are through with the rite or else they ought to be properly disinfected for the occasion.

One of the filthiest acts perpetrated by Christians is that of taking an oath. Everybody and everything in the shape of what is now considered an American citizen kisses the dirty cover of the purest of books held in indescribably dirty and diseased fists. What a fearful revenge it was that the heathen tribes round about took upon us Christians for the small-pox and fire-water with which we afflicted them. By giving us tobacco they condemned us to everlasting spawl. Like Prometheus we are chained to a rock with a vulture ever gnawing (chawing would be more accurate) at our digestive apparatus. Whether we smoke or whether we chew we are spitters—a race of spitters—and this an epoch of spitting. We caught the habit, the Asiatics caught it, the Africans caught it. "Waft, waft, ye winds the story, and yon ye waters roll till, like a sea of glory, it spread from pole to pole" (through Christian endeavor). Whether we smoke or whether we chew, we are spitters. Aunt Dinah and her kind, smokers all, spit mucus. Chewers spit a combination of mucus and saliva—the unwholesome products of outraged mucous membranes and defrauded salivary glands.

The victims of the tobacco-spit habit are nearly always males. Females rarely suffer from it, because it is an affliction of adoption, and they are guarded against the habit for the reason that it produces such a repulsive condition of the breath as to negative all other charms. It is a physiological fact that for all those creatures we call inferior, nature provides the males with the mating charms. As, for instance, the male ostrich, the peacock, the rooster, the lion, the ass; well, no, not the ass; with them honors are even.

But among those superior creatures, known to themselves as human beings, the female flaunts the plumes. This arrangement is having a bad effect upon the male, for without the stimulus of the necessity for beauty he is rapidly deteriorating. He already smells badly, and the hieroglyphics on his mouth and beard and shirt say "Unclean, unclean," as did the spotted lepers. I suppose that even nowif some promising substitute could be found, they, like drone bees, would be unceremoniously kicked out of the hive. And he that now calls himself the lord of creation would be voted a nuisance and would be mocked at and spit upon.

The Bible says that which cometh out of the mouth that defileth the man. And the bacteriologist says that sputa carry the germs of many of the more fatal diseases that afflict mankind, and we know that these germs are spread everywhere by means of the sputa. Now, what shall be done with all of this excrementitious matter? It is equally wrong to void any excreta in public places, and it is too inconvenient to have spit closets to which to retire. The most plausible plan that I can think of is to use large absorbent, aseptic, paper handkerchiefs. Have a fire at home, where the soiled paper can be cremated along with all other filth. That will end all danger from sputa and relieve us from a disgusting sight.

Of course, we will have to economize in the habit, else I think I see some of our prodigal spitters returning at noon and at night to the perpetual fire, and that a fierce one, with a large handkerchief in each hand tied up at the corners. The chances are that the Parsee fire worshippers are the remnant of a previous cremation civilization that succeeded a Christian religion, and that the perpetual fires kept burning upon sacred altars were for cremating purposes. We may be coming round again to another era of fire worship.

Created humanity, like created worlds, may be moving in circles and cycles through all the infinite past on to the infinite future. So let us have done with spitting and move on

Society Reports.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD JULY 12, 1898.

Dr. M. D. Hoge, Jr., president, in the chair. Dr. Mark W. Peyser, secretary and reporter.

Dr. George Ben Johnston reported some abdominal cases (see page 759).

Dr. Jacob Michaux exhibited casts of the palms of the hands and soles of the feet of a young man, aged nineteen years. The patient had a fever, 102°, the nature of which was indefinite. The patient was of spare build. There was no eruption nor tongue symptoms. He was not seen until three days after the inception of the fever. A dose of three grains of quinine was given, and three hours after there was almost a convulsion, though consciousness was retained. In four or five hours a rash appeared. Dr. Michaux said he would have been uncertain as to the influence of the quinine and its dose producing the exfoliation were it not for the information derived from the mother, an intelligent woman, that it had occurred before, but she had neglected to mention it. He had heard of but one other case. The casts in his came off in a week, and the whole epidermis of the body was shed in particles. This explanation of the phenomenon was idiosyncrasy, and a rather marked case was that of Dr. Bolton, who, whenever he uncorked a bottle of morphine, although holding it out at arm's length, would have an eruption to appear all over the body. The first time the effect was produced was when weighing out a half-grain, a sun-burned appearance was noticed around the eyes. The cause was not suspected for some time.

Dr. J. N. Upshur said the history of Dr. Michaux's case was more like scarlet fever than anything else. He did not think the mother's information amounted to anything, for that kind derived from relatives of patients was unreliable. There was nothing in the physiological action of quinine to explain the condition.

The period of incubation was that of scarlet fever, and the explanation thus was more natural than by quinine.

Dr. Michaux asked leave to state that he had again given a like dose of quinine with a like result. The information obtained from the mother was given her by an intelligent physician who had attended the patient in time past.

Dr. Johnston said he believed Dr. Michaux's explanation of the case, the correct one, viz., idiosyncrasy. He had never seen such a profound effect from quinine, but had seen a severe dermatitis. The following confirmed his belief. In the case of an old lady, a five-grain dose of iodide of potassium produced alarming symptoms. Two and a-half grains produced the same, and likewise did continued reductions, even until one-tenth of a grain was reached, when there were the same symptoms, with same degree of violence. Dr. J. B. McCaw will faint when he smells camphor. Dr. Bryant brought a case to him for operation, and he was about to pack with iodoform gauze, when the doctor asked for time to leave the room, saying if he remained until the container was opened he would have nettle-rash before he could reach the bottom of the stairs. Dr. Morris, of this city, cannot pass within seven feet of growing poison-oak without having its characteristic effect. All these being so, why could not quinine produce the effect as shown by Dr. Michaux? He was prepared to believe it true.

Dr. W. S. Beazley exhibited three teeth extracted from the mouth of an infant, the first when it was thirteen days old, the second on the fifteenth day, and the third on its nineteenth day. He saw the infant on the third day after birth, and found the left cheek and eye and the nose inflamed, the last two also discharging. In examining the jaw later he saw an opening in the gum from which pus was exuding, and also a loose tooth, which he pulled. Two days later a molar was seen, which was pulled, and again in four days a second molar, which met the same fate. All the teeth came from the left upper jaw. He was told there was no evidence of teeth at birth.

Correspondence.

DR. ALAN P. SMITH.

Editor of the Maryland Medical Journal:

Dear Sir—Permit me to add a pupil's humble tribute to the memory of one who specially endeared himself to all who were privileged to enjoy his preceptorship. Among the cherished recollections of earlier days none are more valued by the writer than the intimate associations of those years passed with a physician of such rare simplicity and sincerity of character, whose busy, unostentatious life was ever an inspiration and exemplar of all that is best and noblest in our profession. "Dr. Alan," as we always affectionately called him, added to doubly inherited medical talents a most conscientious devotion to his art, and wore himself out prematurely in unselfish services to suffering humanity.

His heart was as tender and sympathetic as a woman's, and only the poor, whose benefactor he was, could adequately estimate the range of his generosity.

Surely if healing is a divine art, then to such a kindly nature as he possessed would one naturally turn for wise and friendly counsel. The young practitioner as well as the old eagerly sought his professional aid, for he was pre-eminently the young man's friend and treated him as he would a brother.

The patient and his needs were ever uppermost in his mind. There was not a trace of dissimulation or affectation about his manner; indeed, his modesty stood in the way of a prompter and wider recognition of his merits. Had he been a ready speaker or writer, and reported out of his abundant experience in medicine and surgery in all its branches, his name might have followed very closely after those of his illustrious father and grandfather.

Enjoying for many years a large and lucrative practice, Dr. Alan P. Smith was easily at his prime the most prominent and popular surgeon in Maryland, and has gone to his rest mourned by persons in every condition of life. E. M. S.

Chester, Nova Scotia, July 25.

MARYLAND

Medical • Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL.
Fidelity Building, Charles and Lexington Streets.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, AUGUST 6, 1898.

Acute Tympanites in Children.

AMID the countless medical articles which rehash old materials or give a patchwork of epitomized items gathered from current textbooks it is refreshing to come upon a little monograph telling of thoughtful researches in some corner of the medical field as yet untilled. It is possible for even the most modest practitioner in a country district to do work of this latter most useful and stimulating sort, but, of course, in a great child's hospital, such as the Great Ormond Street Hospital of London, the opportunities for exhaustive observation are much greater.

In *Pediatrics* Dr. Still presents us such a study upon the present topic. His attention is particularly fixed on that acute tympanites of sudden onset, which, "although in some cases it seems to be merely a part of the process of dying, certainly hastens death in almost every case, and in some appears to be the actual determining cause of death. In some cases a fatal termination does not follow the appearance of the acute distension, and even if treatment fails to secure recovery it may prolong life, or, at least, give some comfort."

The article is furnished with six illustrations of three patients under three years of age. In each the body is represented with distended abdomen, and again with distended intestines bared, showing the portion specially dilated. The trouble is more frequent under three years, and occurs chiefly in broncho-pneumonia. It has been seen in acute cerebro-spinal meningitis, in acute tuberculosis, in splenic anemia and in chronic simple basal meningitis. It occurs late in the disease, though sometimes while there is hope of recovery.

* * *

Versatility.

THE world demands of the man who shall obtain its rewards—especially its pecuniary rewards—that he shall do one thing better than the mass of his contemporaries. If he aims at its highest rewards he must do that one thing better than the members of his own calling. Few men can excel in more than a single line of work. Here, then, lies the curse of versatility. As a rule, the man who allows his energies to be distributed along several lines of intense application must be either a genius or a failure. Wise workers, therefore, restrict their aspirations to one avenue of enterprise.

In no department of work is this more plainly true than in the profession of medicine, especially in its clinical aspect. The guardianship of human lives, with their freights of happiness, the necessity of keeping abreast of modern progress in its bewildering multiplicity of details, constitute a burden so heavy that the practitioner ought either to make it his supreme life work or else withdraw into some other calling. It is criminal to play at practice.

While this is so, and should be impressed on every physician, yet it is also true that a subordinate interest in many departments of human thought is necessary to the highest development of the clinician. There are very many intellectual pursuits which are closely allied to medicine and contribute in many ways to its perfection. Religion, in its simplicity and beauty; philosophy, with its breadth and orderlines of thought; history, with its incentives to noble aspiration and its warnings against wrong methods; belles-lettres, the haven of rest and the refining force of many a weary mind, conscious of the degrading influence of money-seeking—these and many other side-interests of the professional life may be made to contribute indirectly to the welfare of the patient and the winning of that implicit confidence in the judgment and skill of the physician which is the basis of the truest faith-cure as exercised by the great clinicians down the ages.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending July 30, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	3
Phthisis Pulmonalis	..	11
Measles	16	1
Whooping Cough	3	..
Pseudo-Membranous Croup and Diphtheria.	24	7
Mumps	..	..
Scarlet Fever	7	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	20	5

The Union Protestant Infirmary has closed its doors for the summer months.

Hagerstown will probably soon have a new hospital under the auspices of the local Young Men's Christian Association.

Health Commissioner Jones is taking every precaution to keep out disease brought to Baltimore by infected vessels.

The Chesapeake & Ohio Railroad has built and equipped for its employes a fine railroad hospital at Clifton Forge, Va.

The Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore has made a very important addition to its dispensary.

A society in Buffalo has just been incorporated under the name of "Buffalo Red Cross Medical Association," to furnish medical services to subscribers.

A committee from the Baltimore County Medical Association has invited the Medical and Chirurgical Faculty to hold its next semi-annual meeting at Towson in October.

Baltimore is having a hard time in the endeavor to supply its citizens with good drinking water. The ignorance displayed by the city fathers about the condition of the water is lamentable.

Dr. W. N. Newland, a prominent physician of Middletown, Del., died at his home last week, aged sixty-seven. He was born at Back Creek, Md., and was graduated from the University of Maryland in 1852.

The directors of the Hebrew Orphan Asylum at Baltimore have elected the following physicians: Visiting physician, Dr. Harry Adler, to succeed Dr. H. W. Carter; consulting physician, Dr. Joseph Blum; consulting dermatologist, Dr. Sylvan H. Likes.

Dr. Joseph M. Cockrill, a well-known and highly-esteemed physician of Baltimore, died at his home, 1806 East Baltimore street, after a short illness from peritonitis. Dr. Cockrill was born fifty years ago, and received his medical degree at the University of Maryland. Dr. Cockrill was a member of the local and State medical societies and had filled several political positions.

Dr. Charles H. Mitchell of Hampden, Baltimore, died at his home last week after an illness of six months from heart disease. Dr. Mitchell was born in 1857 and took his medical degree at the College of Physicians and Surgeons in 1879, ranking high in his class. He was a member of all the important societies of Baltimore and of the State Society, and was highly respected by the community in which he lived.

The physicians who resigned from the Baltimore University School of Medicine have organized and incorporated the Maryland Medical College and National Temperance Hospital. They have secured a building and are said to be ready to open their first course in September. The faculty will be composed of Drs. Joseph H. Branham, John B. Schwatka, John W. Funck, Frederick Caruthers, Bernard P. Muse, Henry M. Baxley, Houghton Baxley, G. Milton Linthicum, L. G. Smart and W. Wayland Frames. It is stated that the hospital will be managed on strictly temperance principles.

The sudden death of Dr. William Pepper of Philadelphia, on a visit to California, was a great shock to all who knew him. Dr. Pepper was so closely identified with the history of medicine in Philadelphia that an account of his life would form an exceedingly interesting history. He was fifty-five years old and had held many high positions, one of which was the position of provost of the University of Pennsylvania. He was the author, too, of many works, one of which was his "System of Medicine." Endowments to the amount of $2,500,000 were added to the wealth of the university during his tenure of office.

Washington Notes.

Dr. James T. Young is spending a few weeks at Atlantic City.

Dr. Ford Thompson sustained about $4000 damage from fire occurring at his summer residence at Brightwood.

The annual report of the Howard University shows that there were graduated during the year thirty-two from the medical, five from the dental and seven from the pharmaceutical departments. Twelve received the degree of LL.M. and twenty-three the degree LL.B.

The annual report of the Washington Asylum has been submitted to the Commissioners. The daily average number of persons maintained during the past year was 605, at an annual cost of $72.16 per capita. An appropriation of $164,814 is asked for the maintenance and necessary improvements for the year ending June 30, 1900.

The Georgetown University Hospital is now ready for emergency cases, and the wards will be ready in a few days. The free dispensary department is now in operation. The new building is four stories and a basement, and is in every particular a modern hospital. The sisters of the order of St. Francis will have charge of the new hospital.

Typhoid fever has become epidemic at Camp Alger. From fifteen to thirty new cases are enrolled on the hospital list daily. There are also many cases of malaria, of remitting and intermitting type. The sick are receiving the best of attention, for Uncle Sam and the National Relief Association are supplying every need for the care and comfort of the sick soldiers.

The District Commissioners have discovered that they are without power to interfere with the management of the Washington Hospital for Foundlings, and that the alleged nuisance caused by the crying of the little ones is a matter for the manager of the institution to dispose of. While this is a private corporation, with real estate valued at $130,550, controlled by a board of trustees, and are not responsible to the Commissioners, yet a baby farm is just as much out of place in the center of a hot city as a stock farm, and for the good of the babies, if not for the people who are annoyed by their continuous crying, the institution should be moved far enough out to get away from the noise and heat of the city and obtain the much-needed rest and fresh air for the babies.

Book Reviews.

Manual of Gynecology. By Henry T. Byford, M.D. Philadelphia: P. Blakiston's Son & Co., publishers. Pp. 596. Second edition. Price $3.

As the author says in his preface, the present volume is intended to supply the student with a manual of gynecology complete enough for study or reference in his college course, as well as to guide him in his first years of practice. In this sense we think that it is an excellent piece of work, for, as it is characterized throughout by a clearness and conciseness of style, careful classification of subjects and excellent comprehensive illustrations, it can scarceful fail to fulfill the mission for which the author has put it before the profession. Some may say, it is true, that the text does not read well, and that the effort at dogmatism and conciseness makes it difficult to understand, but when we consider the immense amount of material which has been condensed into this comparatively small space one can scarcely see how it could have been otherwise.

In the edition under discussion, the second, the author says that several chapters have been revised and rewritten. The reviewer not being familiar with the first edition, cannot, therefore, say anything as to the merits of the present over those of the former work, but can only affirm that in the present volume one finds a book which should amply fulfill the needs of the student and general practitioner.

The subject has been treated under a number of headings, and we think the classification is an excellent one. For instance, he considers each of the various affections in the regular routine as occurring in all parts of the genital tract from the vulva to the ovaries, making such main divisions as traumatic lesions of the genital tract, inflammation and hyperplasia, genital tuberculosis, carcinoma, sarcoma, etc.

The sections on uterine displacements, genital tuberculosis and malignant tumors deserve special mention, as these subjects are exceedingly well treated and put before the reader in a very comprehensive way. We are glad to see that the author advises the microscopical examination of pieces of tissue in every case of suspected malignant disease.

As a whole the text-book is a good one and cannot fail to fill a long-felt want in the hands of the student of medicine and general practitioner.

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Original Articles.

HYPNOTISM IN GENERAL PRACTICE.

By Nathan Herman, M.D.,

Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MAY 20, 1898.

I HOPE it needs no apology to present a paper on a method of treatment which has been used from time immemorial, and if age be taken as an index of respectability, can successfully vie in this respect with any other method.

Like other methods, empirical at first, it has at length received the benefit of scientific elaboration, beginning with the pioneer work of Charcot and Liébault, continued by the accurate clinical reports of a great number of such reliable men as Bernheim of Nancy, Moll of Berlin, Heidenhain of Breslau and many more that I might mention, and finally through the laboratory researches of such painstaking men as Dr. Boris Sidis of New York.

The limits of this paper will not permit me to touch upon all the manifold manifestations of hypnotic suggestibility that history records. From a medical standpoint, and I wish to treat it exclusively from that standpoint, suffice it to say that every conceivable and inconceivable device has been employed for therapeutic effect, and that cures have actually been perpetrated under the most diverse and absurd auspices and attributed to the most diverse and absurd powers, procedures, influences, drugs, amulets, charms, incantations, divinities, demons, prayers, pilgrimages, relics, the king's touch or anything else. In fact, until comparatively recent times the practice of the healing art consisted of hardly anything else but suggestions in one form or another.

This gave rise to some otherwise inexplicable phenomena. On the one hand, where conceit and egotism were pronounced in a physician's make-up, his therapeutic successes led him into the belief of his possession of higher or divine powers, or others made the claim for him. On the other hand, in consonance with a greater degree of modesty, the value of the procedures themselves was overestimated, and the same applied for the relief of all pathological conditions from a corn on the toe to a desperate case of meningitis; from which we can readily understand the rise of the various schools of medicine: homeopathy, hydrotherapy, osteopathy, orificial surgery, *et id omne genus*, not to forget that complete reversion to barbarism, Christian science.

In this connection I am not prepared to deny the justice of the suspicion that some of the drugs of our own pharmacopeia may owe their virtues, at least in part, to the subtle power of suggestion. This suspicion appears to be confirmed by the occasional radical differences in both drug and dosage as given by different authorities.

All these facts tend to show the importance of our present inquiry, the object of which is to detect this subtle influence, to elevate it from its unconscious and accidental exercise to the realm of conscious purpose, not only to enable us with more directness to apply this most powerful lever in the treatment of disease, and to combat its equally baneful effects when producing disease, but also to enable us to eliminate it in the study of the therapeusis of drugs and remedial measures in general.

I conceive it to be the part of a rational

practice of the healing art to adopt all measures, from whatever source, which are calculated to do good, seeking only to find adequate indications for their several employment; but it has unfortunately been the history of medicine that good methods must knock a long time at the door of the profession, even after their utility has been established, before they are at length reluctantly admitted and given a place in our armamentarium. The explanation is not far to seek. The natural and healthy conservatism of the profession is increased to an unhealthy extent by the observance of the rise and decadence of some new methods, some of which have done great harm. This has a tendency to cause the profession to observe only the latter part of the injunction to prove all things and hold fast to that which is good.

This apathy in the investigation of new methods is unfortunate, for in the meantime too great an opportunity is given to the ignorant charlatan to avail himself of either the good or the worthless method, to thrive, in the first instance, at the expense of the profession, and in the second instance at that of the public.

I claim that the study of suggestion, both normal and hypnotic, will assist in facilitating the recognition of the worth or the worthlessness of other therapeutic agents and measures, and that suggestion or psycho-therapy, as it is called when correctly applied to indications, will be found to increase success and tend to keep patients from falling into the hands of quacks, Christian scientists and priests.

The following are brief reports of a few of my cases:

Case 1.—Mrs. K. Acute arthritis of the metacarpo-phalangeal articulation of the left index finger. I prescribed full doses of the salicylates of sodium and lithium. The patient returned next day, complaining of great pain. After being urged she finally consented to be hypnotized. She went easily into the state of motor and sensory control. I suggested relief from pain and awakened her after a pause of five minutes. She was surprised at the perfect absence of pain and even tenderness, as she was now able to handle and squeeze the joint with impunity. She returned next day and stated that pain had returned after about six hours. Another hypnotization resulted in relief for twenty-four hours, and I repeated the hypnotizations from time to time as indicated by the return of pain, which was always at longer and longer intervals. After three weeks she was discharged cured, as the other symptoms, swelling and redness, had also disappeared. During the treatment the salicylates were continued, so that the hypnotism acted only as an analgesic in this case.

Case 2.—Mr. B., aged seventy, had been suffering for over a year from bronchitis. He was kept awake at night by the cough, and was very much debilitated. He was put to sleep in bed for three nights in succession. The result was a cure, with the cough entirely gone, and now he sleeps well every night. No medicine was used in this case. The entire cure was effected by hypnotism.

Case 3.—Mr. J. was addicted to the whiskey habit. He was hypnotized easily to the somnambulic state. I suggested distaste for liquor. He did not taste liquor for three weeks, when he came home drunk one day. He said next day that he really had to force the liquor down, as his former associates were making fun of him. But the after-effects were so dreadful that he promised not to let it occur again. I had the opportunity of observing him for two months afterwards, and he had then not relapsed.

Case 4.—Mrs. P., aged forty-five, had been sick for two years. She had had four doctors in that time, but little relief. The symptoms were lancinating pains all over the body and limbs, indigestion, constipation, insomnia, incontinence of urine. She went into the stage of anesthesia on the first attempt at hypnosis and awoke much improved. I prescribed little more than a placebo. Hypnosis was repeated on three succeeding days. A cure followed. She was observed three months afterwards, with no relapse.

Case 5.—Mr. V., aged twenty-two, had petit mal epilepsy. I was surprised at the ease with which this patient was thrown for the first time into the somnambulic state. Proper suggestions as to continued control of consciousness

except on retiring were given, and the treatment repeated five or six times. The patient expressed confidence that he was cured, but passed out of observation by leaving the city.

Case 6.—Mr. H. came to my office with his arm in a sling, and with a history of injury three or four months previous. He claimed to be unable to move the arm, and expressed great pain on attempts at passive motion. I could detect no deformity or lesion. I easily hypnotized the patient into the somnambulic state and made passive movements under suggestions of analgesia, then successfully suggested active movements and awoke him with suggestion of continuing movements in the waking state. The patient was surprised to see himself moving his arm in all directions and without any pain.

Case 7.—R. B., girl, aged twelve, could not be persuaded to take magnesium sulphate which I wished to give, as I had kept her bowels locked for about a week, and wished to open them. I hypnotized her easily, and suggested sugar water, when she awoke and drank the salt solution with evident relish. I have similarly administered anthelmintics on several other occasions.

Case 8.—Miss R., hypnotized at the Good Samaritan Hospital, while Dr. Jay removed a large tarsal cyst. The patient retained entire consciousness during the operation, only anesthesia and analgesia being produced.

I select these cases from many others to show the great range of usefulness of this method. On the basis of cases reported by others, as well as of my own, I have arranged the indications for hypnotic treatment either alone or accompanied by other measures, electricity, massage, passive or active movements, or drugs, into the following groups:

First. Insomnia.

Second. Pains and aches of all kinds.

Third. The loss, impairment or perversion of sensation, motion or secretion. In this group I include all the manifold symptoms of hysteria, neurasthenia, chorea, muscular twitchings, aphasia, stammering, gastric and intestinal disturbances, catarrhs and eczemas. In this group I have also placed vaso-motor disturbances and menstrual disorders as far as they may be attributed to this cause.

Fourth. Disordered ideation, incipient psychoses and morbid impulses, drug habits, vicious habits of all kinds, sexual perversion and inversion, kleptomania, etc.

Fifth. Epilepsy, grand mal and petit mal.

Sixth. For the production of surgical anesthesia, when the ordinary anesthetics, which I consider both more reliable and of more universal applicability, are counterindicated.

Seventh. Obstetrical practice.

Eighth. The exhibition of nauseous drugs.

At the risk of repeating what may be familiar to some, I append methods of procedure, as it may be of interest to others. The first, the simplest and the least efficacious is the verbal suggestion to the patient in the normal state. In connection with this, which we all use consciously and unconsciously, it is necessary to remember that the more indirect, i. e., the more concealed the intention of the suggestion the greater will be the chances of success.

Then comes the laying on of hands in combination with the normal suggestion. This method is used with a great deal of success in the cure of headaches and neuralgic pains. In this connection it is important to remember that it is more effective to substitute another and a pleasant sensation like one of warmth for the disagreeable or painful sensation, than to simply remove the disagreeable one. You will be surprised how many pains and aches you can remove in this manner. Sometimes no other treatment is necessary, but at others a thorough examination and history should lead you to the treatment or removal of the underlying cause. But remember that:

"The smallest hurts sometimes increase and rage
More than all art of physic can assuage;
Sometimes the fury of the worst disease
The hand by gentle stroking will appease."

The effectiveness of both these methods is greatly enhanced when the patient is first put into the hypnotic state. In fact, this state is necessary for a realization of any therapeutic effect in most of the indications that I mentioned before.

What, then, is the hypnotic state? It is a peculiar state of consciousness. For

the therapist it has no other significance than that of heightened suggestibility. In this state a direct suggestion has the greatest chance of working out its full realization. The suggestions which can be successfully given are very numerous, and the effects of some are nothing short of marvelous, especially to those not conversant with the subject. They can be given so as to be realized at once, simple hypnotic suggestion, or they can be given so as to be realized after emergence from the hypnotic state, the so-called post-hypnotic suggestion, or they can be given so as to be realized at a certain stated time, expressed in minutes, hours, days or even months, or at a given signal, after emergence from the hypnotic state, the so-called deferred suggestion. These suggestions may be of a kind which you would expect from the nature of the diseases amenable to this treatment, mentioned in the earlier part of this paper.

How is this state induced? The hypnotic state is induced in various ways. After seating the patient in a comfortable position, have him gaze intently at a small object, not necessarily a shining object—two fingers are frequently used for the purpose; or have him listen to a low and continued monotonous sound or soothing music; or gently manipulate his head or use the so-called mesmeric passes; or get him to think of one thing, preferably of sleep, or continue to make suggestions of sleep to him. One or several or all of these methods and others can be employed in the production or rather the eduction of the hypnotic state. The manner of their employment and the success one meets depend in great measure upon tact, which comes only from practice. Some will, of course, be more apt than others, just as in everything else that we undertake to do. The qualities that are requisite are patience, perseverance and confidence, which latter qualification will increase with the exercise of the other two.

One word as to the manner of giving suggestions in this state. They should be given in a distinct and decided tone of voice, preferably as commands; the oftener they are repeated the better, after which the patient should be allowed to continue in the hypnotic state for at least five minutes before awaking him. The hand placed upon the part which it is desired to affect will also enhance the effect, and as in the normal suggestion the substitution of an agreeable sensation for the disagreeable one will be found the most satisfactory.

As to the manner of awaking the patient, there has never been the least difficulty in my hands. Still some caution is necessary. It is not good to arouse the patient suddenly. It is better to awaken him gradually, as by counting or having the patient count, having previously told him to awake at a certain number. This will enable you to give supplementary suggestions as to euphoria, and thus to avoid all evil after-effects.

If he does not awake thoroughly at the suggested number, the simple command "awake" and calling of the given name is in most instances sufficient to bring about this result. The dehypnotizing passes, i. e., the up-passes with the dorsum of the hand, can also be used, or a sudden sound, as clapping the hands or snapping the fingers. If after all these means have been used and the patient still sleeps, breathing or blowing gently in the face or raising the eyelids and blowing on the cornea can be resorted to. Should the patient still persist in sleeping, he should be asked how long he intends to sleep, and on eliciting an answer he can be gently argued with, or if he persists it is well to let him sleep as long as he wants, as he very likely needs it. Have him tucked comfortably in bed. Under no circumstances should harsh measures be resorted to.

After a certain time all hypnotic influences weaken and wear off. For this reason it is necessary to repeat the treatment at stated intervals in certain cases.

Psycho-therapy has been employed by all the great neurologists and alienists for the past fifteen years, and its use is slowly but surely spreading to the regular general practitioner. One of the reasons assigned by Moll of Berlin for the apathy of the profession on the subject is that it is much easier to write a whole stack of prescriptions than to give one hypnotic treatment, and it takes much less time.

This is very true, but I do not think that the doctor who lets this argument count is doing the right thing either for his patient or for his profession.

One of the objections urged by the laity, and I am surprised to see it supported by some of the profession, is the fear of a weakening of will-power of the patient. This occurs so seldom that it can be left out of the question entirely. Those whose will-power is supposed to be lost never had any to lose, and hypnotism combined with physical culture is what they need to develop it. At the last International Congress of Hypnology, which took place in Brussels last September, the view was advanced and supported that everyone should be tried as to his hypnotic suggestibility, and in case it is found to be considerable, should be vaccinated, as it were, by a suggestion, so that weakening of his will or hypnotization against his will would be less liable to occur than before.

In conclusion, I hope I am understood not as advocating psycho-therapy in the place of what we are pleased to call regular practice, but simply as advocating its more general employment in an ancillary manner to our other means of relieving suffering. I should like to see a popular sentiment created in its favor. This could easily be done if physicians who do not wish to employ this method themselves would cease opposing its use by brother practitioners by working upon the superstitious fears of the people. At such a time medical miracles would as surely cease, as others have long since done. Confidence would take the place of fear, knowledge would take the place of ignorance and superstition, the medical profession would then assume the place it deserves at the head of all the other professions, and the doctor, free and unhampered, would be recognized and honored as the noblest work of evolution.

NOTE.—On June 20 Dr. Deetjen informed me that he is again using hypnotism, his fears of bad results having been allayed by observing the methods of dehypnotization as detailed by me. It is also due your readers to state that the case of "traumatic neurosis" exhibited by Dr. Blum at the same meeting, May 20, is now (June 25) and has been for two weeks under my treatment by the hypnotic method with very gratifying results. The improvement is very marked, giving prospect of complete cure in a short time.

Dr. Blum's patient has completely recovered. Cessation of all symptoms was noted July 11, and he has continued well and is still gaining weight and strength.

SUPPURATIVE SPLENITIS, CAUSED BY TIGHT LACING AND VIOLENT EXERCISE—RECOVERY.

By B. M. Cromwell, M.D.,
Eckhart Mines, Md.

MAGGIE D., a strong and healthy young girl of seventeen years, walked to the neighboring town of Frostburg one hot day in August, 1897. On returning she observed that a thunderstorm was coming upon her, and to save her finery she started off in a brisk run to her home, distant about a mile. After running for some time she experienced a pain in her left side, but not slackening her pace, she continued to run until she reached her home. The pain, she said, ceased after a while. She reached home, from all accounts, in a more or less collapsed condition, but she saved her finery; the rain did not catch her. After resting a while she resumed her household duties. The pain in her side did not return until the next day, after which it was continuous.

The next day her mother stopped me as I was riding by and asked for something to relieve her. As grippe, with its plentiful crop of pains, was plentiful at the time, supposing that was what was the matter, I gave some powders of quinine and acetanilid, and instituted no inquiry as to the particulars of case. A day or two afterwards I was called in, and learning the history as given above, I examined her side carefully, causing her to make bare the side for that purpose. The first question I asked on inspection was. "were you laced tightly while you were running?" She said in reply that her corset was loose enough, but that the band of her petticoat was too short, and she had to pull it very tight to button it. It was the deep sulcus I observed about the margin of the ribs that caused me to ask. Above and below the sulcus there was a marked tumefaction. Percussion revealed dullness over the whole of the left side, extending to near the brim of the pelvis, and anteriorly to near the median line of the abdomen. The edge of the tumefied spleen could be plainly felt around the greater part of this dull space.

That I had an enlarged and inflamed spleen to deal with was plain enough. What made it of unusual interest was that the patient was a strong, robust and perfectly healthy girl, who had never had a serious sickness in her life.

I naturally associated her condition with her running and the constriction of her waist. "Splenic appoplexy" occurred to me as the proper name for it, and which I think subsequent observation showed that it really was.

I directed her to lie continuously on her right side, the only position that was tolerable to her, and I made free use of iodine ointment. Afterwards, finding no improvement, I applied a blister. She had fever during all this time that was never very high, but as I have lost the original notes of the case taken at the time, I cannot recall the degree of constitutional disturbance.

The tumefaction continuing, and extending in the direction of the pelvis, I became convinced that suppuration had taken place, and that an incision should be made over the part where fluctuation was most evident.

But as I was treading unfamiliar ground, I thought it prudent to get the advice of my friend, Dr. C. C. Jacobs, of Frostburg. He agreeing as to the diagnosis and as to the propriety of an early incision, we returned the next day and made an opening in the side over the location of the greatest tumefaction. The incision was carried through the abdominal parieties into the substance of the spleen, after which a copious flow of bright arterial blood welled up from the wound, like water bubbling up from a spring. Then a small ribbon of pus was seen to mingle with the blood.

As the pus increased in quantity the quantity of blood diminished, until the discharge was altogether pus. This flow of pus was promoted by moderate pressure on the parts adjoining until it practically ceased. But pus continued to be discharged for many days under the influence of emollient poultices, and for several days after it ceased there was a discharge of serum. I estimated that the total amount of blood, pus and serum discharged was about thirty ounces.

The spleen, we know, is a diverticulum, a safeguard provided to preserve the internal organs from overdistention when, from any cause, the blood is drawn from the surface to the interior of the body. Whatever other function the spleen performs in the economy, it is certain that it does this; it is a reservoir for surplus blood under certain conditions, and this function alone makes it one of the most important organs of the body.

Not only is this reservoir called into requisition during pathological states, as in the many varieties of malarial poisoning, it is also called into use by conditions that can shock, as violent exercise, mental emotion, etc. Prolonged running caused great congestion of the organ in the case before us. Had it not been for the constriction caused by the tight petticoat band impeding the free play of the organ, it is probable that no injury would have resulted. As it was, the internal structure of the spleen was ruptured, and had the rupture extended through the investing capsule, death would have promptly resulted from hemorrhage into the cavity of the abdomen.

The girl made an excellent recovery, and is now in the enjoyment of excellent health.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD MAY 20, 1898.

The meeting was called to order by the president, Dr. Wm. Greene.

Dr. J. W. Chambers related "A Case of Gunshot Wound of the Knee," with exhibition of the patient.

On the 15th of February, 1896, this boy, while carelessly handling a 32-caliber pistol, shot himself in the region of the knee. The case is interesting, in that it shows the importance of the *x*-ray picture for definitely determining the locality of the bullet, and for making it easy to remove it. The bullet entered just inside the knee-joint. He was kept in bed for two weeks, and then permitted to get up and walk, but his knee again became inflamed, swollen and painful, and a lump

at the side induced his physician, Dr. Chambers, to believe there was a bullet at the inner side of the knee. The leg was opened, but he failed to find the bullet. The inflammation subsided, and he was able to walk with the knee slightly flexed. He came to see me in that condition, stating that he could feel something in the knee. Of course, that was only his own statement, but the joint certainly behaved as if there was a foreign body there.

By means of the *x*-rays the bullet was located in front of the crucial ligament. An operation was performed and the bullet removed, the whole operation not taking more than three minutes. There was no general reaction, and he made a very good recovery.

The case is interesting to show the value of the *x*-rays in occasional instances, especially cases of foreign body. In fractures it has with me amounted to very little, for the cases can be made out with as much certainty by other means, but the time has come for the use of the *x*-rays in nearly all such cases. This is especially true of cases that are at all likely to go to court, and here it would be well to have pictures taken before and after. Without the *x*-rays in this case no one could have been sufficiently certain that the bullet was in the joint to warrant him in opening the joint, and he would not have known where to find it had he operated.

The *x*-rays will make more careful surgeons, more careful both in diagnosis and in manipulation, and probably that won't injure the average surgeon, either.

Dr. Joseph Blum spoke of "Traumatic Neurosis," with exhibition of the patient.

This patient shows what a wreck hysteria will make of a man. This young man is nineteen years of age, and knows nothing of his parents, for he was reared in an orphan asylum in New York. Three years ago he was struck in the region of the right hip by an electric car. He was put to bed and watched by a medical man of New York, and after a few weeks got up with this tremor which you notice in the right lower limb. The number of vibrations of the limb vary, sometimes reaching as high as 220 per minute. The seat of his trouble is probably in the motor neurones.

Formerly it was supposed that hysteria occurred only in females, but according to Charcot it occurs more frequently in males. These neuroses are rather permanent, and the motor force in the lower extremity is much depressed. The case has been under treatment for two months without much success. The vibrations of the limb are very much augmented by some sensory impressions, and during repose they cease. The limb has not atrophied at all, and the electric reactions are perfectly normal. Faradization will inhibit motion of the limb and pressure made upon certain points will do the same. It is surprising that in this case the patella reflex is almost absent, as is also ankle-klonus. Generally in hysteria these reflexes are increased. He has no organic trouble so far as I can find. There has been some esophageal irritation, and at one time he vomited everything given him for three or four days in succession.

This trouble can be mistaken for a number of diseases, for there is tremor in multiple sclerosis, alcoholism, Grave's disease and in lead or mercurial poisoning. There is no hysteria or anything of that kind in this case, and no syphilitic history. Charcot says the symptomatology of traumatic neurosis and hysteria are alike. The treatment of these cases is not satisfactory. Dr. Blum of France has stretched the sciatic nerve in a case similar to this with good results. Hypnotic influence has been suggested, but not tried in this case. I am going to ask Dr. Chambers to stretch the nerve if he does not soon show improvement under other treatment.

Dr. Nathan Herman then read a paper entitled "Hypnotism as a Therapeutic Agent." (See page 771).

Dr. Christian Deetjen: It is my experience that this method is not always without danger. I believe that in many cases it is dangerous, and I think in some cases of hysteria we would see bad effects follow its use. I have seen that myself, and remember especially one case, that of a young lady whom I used to hypnotize, and who on one occasion proved very

difficult to awaken. I did not at that time know much about the various methods of awakening patients, and used some methods that Dr. Herman said this evening should never be resorted to. My patient awoke after a considerable time, and a few days later she committed suicide. Dr. Herman stated that if an individual lost will-power as a result of hypnotism it only indicated that they had no will-power to start with. I cannot think that applied to this case, but I believe my harsh treatment had much to do with it, but I did not like to allow her to lie in that condition and I believe most of you would have been afraid to do so. I saw other cases of nervous disease treated in this way get well, some of them with remarkable results, but others did not get well, though some were possibly somewhat improved. I admit it is an excellent method to use in small operations and in some cases of chorea, neuralgia and hysteria, but it is not altogether harmless.

Dr. Hirsh: I would like to ask if there has been any study upon the various secretions and functions of the body during this state of hypnotism to determine whether it has any effect, for instance, upon the secretion of the kidney? A short while ago a man giving public exhibitions here kept an individual in this sleep for two days, and it was said that the kidneys did not act at all during that period.

Dr. Keirle: I should like to ask if there have been any positive cures from its use in alcoholism, morphinism, etc., and secondly, what does the author think of the criminal responsibility of the individual hypnotized? If this boy we have just seen hypnotized had killed somebody, what would have been his degree of responsibility?

Dr. Chambers: Dr. Herman has shown us that practically no hemorrhage followed the slight wounds made on this patient, but I do not believe that hypnotism can control hemorrhage. I can hold my arm up by willing to do so and therefore the hypnotized individual holds out his arm by suggestion, but contraction of the arteries cannot be controlled by the will, and therefore suggestion will have no influence over bleeding; and again, I cannot believe that if pathogenic organisms were introduced during this state that they would not act unless you mean to hypnotize the organisms.

Dr. Craighill: I was very much interested in this work tonight, as I was also interested in watching the work done by the man who appeared at the Music Hall some months ago. In regard to the question of criminal responsibility, I recall a statement of his that, for instance, if a hypnotized individual were honest, and it were suggested to him that he were to steal something, it would so shock him that he would awake from the hypnotic sleep. The same thing would apply to the murdered. If he were naturally criminal he might accept the suggestion, but if not it would awake him.

Dr. Abercrombie: It seems to me this method will bear investigation by every physician. I have seen some experiments and their results, and I am convinced that it may be a useful agent to the profession. While this boy had a very slight bleeding from one of the wounds, he was probably unconscious of the pins sticking in his flesh, for when awakened he did not express any knowledge of it, and pain would certainly have been present if this had been done to any of us.

Dr. Seligman: I have had some little experience with hypnotism in medicine, and with me it has been entirely useless. It answers very nicely for a parlor entertainment, but as Dr. Chambers says, in controlling hemorrhage it has no effect whatever. I have hypnotized my colored man repeatedly, and also several patients, and it has been of no therapeutic value in my hands.

Dr. Smith: It seems to me this will be a most valuable therapeutic agent if it will cure epilepsy. We have been seeking for many years something to do that, and we have failed in the majority of cases. I would like to have the author of this paper experiment upon some cases of chronic nephritis where the vaso-motor system is largely influenced, for I think those would be good cases upon which to determine the value of the tests. I am very much of the opinion of the gentleman who has just taken his seat, that it

will accomplish very little in medicine. It is putting the patient in an abnormal condition, and I do not see that we are justified in putting the patient in that state, especially as we would have to sit by the patient to bring him out of the hypnotic sleep. Few men could give so much time to one case to the neglect of their other patients. I do not think it has reached that stage of perfection where it might be considered a safe remedial agent.

Dr. Gibbons: I would like to ask if the use of hypnotism would not increase the danger of suits of various kinds. It seems to me that that would be a very great danger, for as soon as the public got hold of the idea that Dr. Blank was a hypnotist he would be open to suit on slight provocation.

Dr. Herman: I am glad to hear so much discussion of this paper, although it shows, begging your pardon, that very little study has been given to the subject. The remarks of the first speaker require no reply, as he admits his work was done when little was known scientifically of hypnotism, and the means employed were crude. Some of the criticisms tonight were applied at one time to chloroform and laughing gas when they were used for parlor amusements. Why you gentlemen should expect uniform results I cannot imagine, for there is no drug that I know of which gives uniform results.

As to what Dr. Chambers said about a man not having control of his vaso-motor system, either consciously or unconsciously, I am surprised at as coming from so distinguished a surgeon. We have probably all, during our schoolboy days, received blows on the nose, and I have received a number, for I used to teach athletics, and I soon learned that if I made up my mind to continue the sparring my nose ceased to bleed.

Dr. Seligman: How about post-partum hemorrhage?

Dr. Herman: So far as post-partum hemorrhage is concerned, we resort to a great variety of methods to control it. Now why not use this as well as other means in the effort to save life. I do not know why you should expect this method to stop a hemorrhage of this kind at once and in all cases when you do not expect it of any other means in use. Dr. Gibbons brought the matter home to us when speaking of the liability to legal complication. In my paper I purposely limited myself to a consideration of the medical side of the question. Dr. Bernheim suggested that it should never be used in private practice except in the presence of friends of the patient. If a physician is locked in the room with a lady patient she can say anything she pleases when she comes out, but that applies to other methods of treatment as well as to hypnotism.

Now in regard to Dr. Hirsh's question I would say that the unconscious state controls all the bodily functions and secretions. Many observations of this kind have been made, and the literature upon these points is very extensive. In the first attempts at hypnotism the respiration and heart-beat both become more rapid, and this continues until the height of the state is reached, when they become more placid and assume the natural condition of sleep.

Dr. Chambers: Dr. Herman states that in boxing it is common to have the nose bleed, and that by his will he is able to control hemorrhage from the lesion of the mucous membrane. I would like to know how he can watch the man he is boxing and at the same time concentrate his attention on his nose to control the hemorrhage.

Dr. Herman: The hemorrhage takes place largely because the mind is concentrated on the nose. Of course, the blow produced a lesion, but if the mind is drawn away from that lesion it will frequently, not in all cases, of course, stop the bleeding. You all know that the pain of a boil is more intense when you are watching and thinking about it.

Another gentleman spoke of the failure of all treatment for epilepsy, and his manner was rather sarcastic concerning hypnotism. I did not put this forward as a cure, but only as another means of treatment, and it is nothing to be made fun of. No method of treatment has proven curative in all cases, but some of them have been very beneficial. The same answer

might apply to some of the other questions, such as the morphine habit and alcoholism. We do not claim that hypnotism is a cure for anything, but only that it is a good therapeutic agent, tending in some cases towards a cure. The Keeley method is nothing but suggestion. It consists in giving the patient other stimulants than his particular poison and inserting in that a small dose of apomorphine to make him vomit. When he drinks what he supposes is pure whiskey he gets a dose that is repugnant to him and gives it up. If that patient goes out of the institution, though, and tastes good whiskey again he learns that a trick has been played upon him and relapses. Now the hypnotic cure is better than this, for good whiskey is used, and the suggestion is given that it is not good for him.

As to the question of responsibility, I believe the latest decisions are that experiments must be tried with the individual to see how susceptible he is to suggestion.

The society then adjourned.

H. O. Reik, M.D.,
Reporting Secretary.

THE TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA.

MEETING HELD JUNE 23, 1898.

The Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia convened in the Young Men's Christian Association Building, Cumberland, Md., Thursday, June 23, at 2 P. M., Dr. W. P. S. Henry of Everett, Pa., the president, in the chair. Regular routine business was transacted.

The following officers were elected for the ensuing year: Dr. J. W. Johnston, Davis, West Virginia, president; Dr. W. J. Craiger, Cumberland, Md., first vice-president; Dr. C. F. Doyle, Cumberland Valley, Pa., second vice-president; Dr. K. Taylor, Slavesville, W. Va., third vice-president; Dr. Percival Lantz, Alaska, W. Va., recording secretary; Dr. F. W. Fochtman, Cumberland, Md., corresponding secretary; Dr. H. W. Hodgson, Cumberland, Md., treasurer. Dr. Johnston then took the chair.

The reports of the officers were read, received and accepted. During the year two members have died, Drs. M. A. R. F. Carr and John A. Twigg, both of Cumberland. The president appointed a committee to prepare resolutions of condolence and respect to the memory of the deceased members.

Dr. W. P. S. Henry exhibited a "Case of Supposed Diabetes" in a boy of six years. The patient was examined by a number of the physicians. He consumes from two to three gallons of water daily, presents a healthy appearance, and has only slight traces of sugar in the urine.

Dr. George J. Preston delivered a lecture on the "Recent Advances in the Histology of the Central Nervous System."

The paper was followed by the exhibition of a case of hydrocephalus by Dr. Percival Lantz. Dr. Preston was tendered a vote of thanks for his talk and elected an honorary member.

Dr. John H. Musser of Philadelphia, Pa., gave an excellent talk on "Heart Disease," illustrated with blackboard drawings, which was practical and interesting. Dr. Musser was tendered a vote of thanks for his lecture and elected an honorary member of the association.

Rev. Q. C. Davis of Cumberland, who was present by special invitation, read an interesting and deeply scientific paper on "Anthropology." This closed the afternoon session.

In the evening a social meeting was held in the Association Building, and a very delightful entertainment was served by the ladies. The association adjourned to meet in Cumberland next winter.

Medical Progress.

Periodical Paralysis of the Superior Oblique Muscle.—In a recent number of the Lancet an abstract appears of an interesting case recorded by Dr. Luzenberger. The patient was a man, aged twenty-nine years, whose mother had suffered from migraine. At the age of twelve years, after a long walk in the sun with his head uncovered, he was

seized with severe unilateral headache, with loss of appetite, nausea and diplopia. At first the attacks occurred almost every week, lasting a day, and the headache and diplopia came and went almost simultaneously. In the course of a year they became less frequent, but lasted longer, finally persisting for fifteen days. The last attack observed by Dr. Luzenberger lasted twenty days. In this the headache and nausea began in the afternoons and lasted till bedtime. The diplopia, however, was continuous. The attack was accompanied by loud pulsation in the head and the right temporal vein was better filled than the left, although there was no asymmetry of the head. The diplopia was found to depend upon paralysis of the superior oblique muscle and the eyes presented no other abnormality. The headache was got rid of by moderate doses of bromide, but the diplopia persisted for fifteen days longer and then disappeared without leaving any change in the eyes. The temporal vein also on the side on which it had been distended became normal. Dr. Luzenberger suggests that the underlying cause of the phenomena is a periodical swelling of the cavernous sinus with consequent pressure on the first branch of the fifth nerve and also on the fourth. The case, of course, is similar to others which have been described in which, however, the paralytic phenomena have been the result of an affection of the third nerve.

* * *

Vomiting of Pregnancy.—In an article on this subject in the American Journal of the Medical Sciences, Dr. C. S. Bacon briefly sums up his suggestions regarding treatment as follows:

1. The abnormal irritability of the nervous system, including the vomiting-center, is to be allayed by keeping the patient in the horizontal position, by attention to the skin and bowels and kidney, using rectal, and, if necessary, hypodermatic injections of salt solution.

2. The hysterical condition which is so commonly found present should be controlled by strengthening the will and influencing the dominant ideas of the patient.

3. All sources of peripheral irritation should be discovered and treated.

4. In extreme cases subcutaneous saline injections serve the threefold purpose of (*a*) dilating the blood and increasing vascular tension, (*b*) eliminating toxins through renal and intestinal emunctories, (*c*) furnishing two most important kinds of food.

5. Induction of abortion is never indicated. At a stage when it is safe and efficient it is not necessary, and in extreme cases it adds greatly to the danger, rarely stops the vomiting, and can be substituted by the artificial serum.

* * *

Sanitation and Long Life.—Dr. Spottiswoode Cameron points out in the Lancet that the death rate at old ages was growing gradually larger. This was satisfactory, since it proved that more people became old than formerly. With regard to consumption, he pointed out that since 1851 both men and women were dying less frequently from consumption, but that the women's chances of escaping had become greater than those of men, a reversal of the relations which existed in 1851. It was an interesting evidence of the improvement which had been brought about in the homes of the people that though the death rate of both sexes from consumption had increased yet it was the stay-at-home women who had been most beneficially affected.

* * *

Twins Delivered After Death of Mother.—Gogotsky (British Medical Journal) reports that a primipara, aged thirty, was admitted, for eclampsia, into the maternity of the University of St. Vladimir, Kieff. Cyanosis and dyspnea set in two hours after admission, and death appeared imminent. The os was but little dilated; the cervix was therefore incised laterally with scissors. The forceps was applied, but during its use the mother died, and three minutes after her death a slightly asphyxiated child was born. A second child was delivered by podalic version eight minutes after the death of the mother; it was asphyxiated, but readily revived.

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BALTIMORE, AUGUST 13, 1898.

Brachial Birth Palsies.

PARALYSIS of the "upper arm type," known also as Erb's paralysis, is the most common form of peripheral palsy occurring at birth. In it the arm hangs at the side, with the palm turned outward (the thumb to the rear). The infant cannot flex its arm at the elbow, although it can extend that joint.

It is distinguished from palsy due to lesion of the brain by the fact that the brain palsy affects the whole upper limb, and usually the leg or face at the same time, whereas Erb's palsy involves only more or less of the muscle group supported by the fifth and sixth cervical nerves—the deltoid, biceps, brachialis anticus, supinator longus, supraspinatus and infraspinatus.

It is frequently treated with splints, the physician mistaking it for fracture of the humerus. It presents crepitation in some cases like that of a fracture, but, unlike that of a fracture, there is little or no expression of pain elicited with the crepitus. The capsule of the shoulder joint may be relaxed; the sensation of the arm is more or less below normal.

In *La Clinique* of September 30, Dr. Maffel of Brussels presents an interesting discussion of this subject, with especial reference to the nature of the nerve lesion and the way in which it is produced, relating five cases of the injury. He thinks observations are needed upon every case to show by just what sort of traction upon the child these nerves of the brachial plexus have been overstretched, and what determines the side which shall be affected.

He thinks the physician ought to be very loth to drag upon either head, arms or breech when the child is half delivered, especially if the head and body are so placed that the traction force will fall mainly on one side of the neck. The prognosis is largely in proportion to the force used. The great majority of cases recover within three months. Prompt treatment with electricity (which is also an aid to diagnosis), with massage, etc., aids the cure. One or more muscles may remain weak.

* * *

Common-sense Doctors.

MANY persons imagine that a knowledge of medicine is alone necessary for the successful physician, but experience has shown that the man with common sense and knowledge of his branch united has the best chance of making a success. Books, even though there are too many of them published, are very helpful friends in time of need, but books alone are poor supports, and many a man would do better with his case if he would lay aside all his medical literature and use what innate sense nature has given him. Books are, as a rule, founded on a large experience, or, perhaps, copied in many instances, and the descriptions of a certain disease are general and made to fit a variety of that disease, so that they may lead one astray. Rarely does a disease follow the typical course laid down for it by the best textbooks. Again, the clinical lecture or the medical journal article may be very comprehensive, but it too often contains the immature thoughts of an unobserving man and too often misleads.

The question asked in any diseases is, "What is the matter with the patient?" The patient wants a disease with a name to it—a disease that can be catalogued. The book man gives the disease a name; the man with common sense will treat that disease to the best of his ability and withhold his diagnosis until he is sure of himself, and may even make none at all, preferring to cure his case with a nameless disease than to see it terminate fatally with a double-jointed name.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 6, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	2
Phthisis Pulmonalis	..	16
Measles	9	1
Whooping Cough	8	1
Pseudo-Membranous Croup and Diphtheria.	34	7
Mumps	..	..
Scarlet Fever	8	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	13	5

Boston has a municipal laboratory.

The Women's Medical Journal has changed hands.

Puschmann is dean of the University of Vienna.

Edinburgh University is to have a chair of sanitary science.

Roux announces the discovery of an efficient serum cure for tetanus.

The University of Texas has established a department of nursing.

General Wood, the military governor of Santiago, is a physician.

The last Chamber of Deputies of France contained fifty-five medical men.

The *Lancet* is making a vigorous fight against street noises in London.

Army surgeons are investigating the merits of the abdominal bands for soldiers.

A hydropathic institute is to be added to the Berlin University in connection with the Charité Hospital.

Behring has patented diphtheria antitoxine in this country. The rights of the patent will be tested in court.

The Mississippi Valley Medical Association will hold its twenty-fourth annual session at Nashville October 11 to 14.

Hereafter the Prussian universities will confer the degree of M.D. only on those who have passed the State examination.

Dr. Moses Savage has been appointed vaccine physician for the fourth ward of Baltimore, in the place of Dr. J. H. Mitnick, who has resigned.

A wealthy capitalist refused to pay a reasonable bill to a physician, but did not hesitate to pay a lawyer a much larger fee for work apparently not so great.

The good example set by the State of Maryland in doing away with the necessity of kissing the book in taking an oath will soon be followed by other States.

A philanthropist of a neighboring State has offered a number of prizes to the school children of his town who take the best care of their teeth during this summer.

Dr. John S. Fulton, the secretary of the State Board of Health, is sending to physicians of the State material to enable them to verify the diagnosis in certain diseases.

Prescriptions, except those for external remedies, cannot be repeated by the apothecary in Germany without the written permission of the physician who wrote the prescription.

The eighth annual meeting of the American Electro-Therapeutic Association will be held on Tuesday, Wednesday and Thursday, September 13, 14 and 15, 1898, at Buffalo, N. Y.

Duchess Sophia, the daughter of Duke Charles Theodore of Bavaria, the princely oculist, has decided to follow her father's footsteps and study the diseases of the eye. She is twenty-three years old.

An exchange says that while the influenza was at its height in New York some time ago, in a family where all were suffering with the disease a boy baby was born, and by unanimous consent was named Agrippa.

Health Commissioner Jones has decided to placard with warning cards those houses in Baltimore where there is a case of a contagious disease. This is done in Washington and in other places. There will doubtless be much opposition to this order.

The newly-appointed Russian minister of public instruction has begun a war against corsets, and all young women attending high schools and other institutions of instruction are prohibited from wearing corsets. The man who undertakes a similar crusade in this country will have no sinecure.

Washington Notes.

Dr. H. P. Thompson is spending August at Ocean City.

Dr. Charles E. Ferguson has returned to his duties at Columbia Hospital.

Dr. C. R. Collins is recreating at Old Sweet Springs, where he will remain throughout the month.

Dr. John J. Repetti, who lately received a commission in the army, has left for his post of duty at Chickamauga.

Dr. Stacy A. Ransom, formerly stenographer in the Health Department, has accepted a commission of surgeon on the U. S. S. Algonquin, now at Montreal.

The Chesapeake & Potomac Telephone Co. was again beaten by Judge Hagner's decision, and the act of Congress fixing the rate at $50, $40 and $30 per year of each instrument is held as constitutional.

Camp Alger has been abandoned on account of the epidemic of typhoid fever. Over 1000 cases have developed and the camp has been moved to Thoroughfare Gap, Va. The men too ill to be moved with safety were taken to the general hospital at Fort Myer, where the facilities for attending the sick have been much improved and enlarged.

The District Commissioners have taken up the controversy between the Howard University and Freedmen's Hospital and will adjust matters for the benefit of both institutions. Among other improvements they propose building a nurses' home large enough to accommodate the nurses of the hospital building. The estimated value of the Freedmen's Hospital and grounds is $189,924.

The Washington Asylum Hospital has made its annual report to the District Commissioners, giving the following statistics: Number of patients July 1, 1897, 69; admitted during the year, 796; births, 36; discharged, 700; deaths, 118; number in hospital July 1, 1898, 83—total, 901. Number of prescriptions compounded, 28,900; patients treated in alms and workhouses, 4062; insane cases examined, 57. An appropriation of $15,000 is asked for building a new maternity ward and making other improvements.

Book Reviews.

Text-book of Medical Jurisprudence and Toxicology. By John J. Reese, M.D., late Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc. Fifth Edition. Revised by Henry Leffmann, A.M., M.D., Ph.D., Professor of Chemistry and Toxicology in the Woman's Medical College of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co. 1898. Pp. xvi-17 to 645. Price $3.

Since the notice of the second edition of this work in 1889 numerous and important changes have been made. Indeed, the advances made in this branch of medicine have necessitated a rewriting in many places. The most notable change is the use of the *x*-ray machine in court, and now surgeons nearly always insist on a radiograph of the injury both at the time it occurred and after a supposed cure. This book, however, has not been enlarged very materially, and yet it is a great improvement over former editions. Dr. Henry Leffmann has given this edition a most thorough revision for Dr. Reese.

REPRINTS, ETC., RECEIVED.

Food Adulterations. By John C. Hemmeter, M.D. Reprint from the *Dietetic and Hygienic Gazette.*

The Repair of Will-Loss. By John Madison Taylor, A.M., M.D. Reprint from *International Clinics.*

Nosophen and Antinosine. By Claude A. Dundore, M.D. Reprint from the *New York Medical Journal.*

The Surgery of the Gall-Bladder and Its Ducts. By H. O. Walker, M.D. Reprint from the *Medical Age.*

Diabetes Mellitus. By Heinrich Stern, Ph.D., M.D. Reprint from the *New York Medical Journal.*

The Pharmacology and Therapeutics of Kryofine. By George Frank Butler, Ph.G., M.D. Reprint from the *Chicago Clinic.*

Statistique des Opérations Pratiquées au Mans du premier Janvier au 31 Decembre, 1896. By H. Delagenière (Le Mans). Paris, 1897.

Suture Materials and Methods in Celiotomy. Translation and Abstract by Hunter Robb, M.D. Reprint from the *Cleveland Medical Gazette.*

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Original Articles.

IMMUNITY THE FUNDAMENTAL PRINCIPLE UNDERLYING ALL TREATMENT OF TUBERCULOSIS.

By Lawrence F. Flick, M.D.,
of Philadelphia.

READ AT THE AMERICAN MEDICAL ASSOCIATION, SECTION OF THERAPEUTICS, AT DENVER, JUNE 7, 8, 9 AND 10, 1898.

THE principles underlying the treatment of disease have in the past been matters of speculation only. What was known to do good had been found to do so empirically and was handed down from one generation to another in the most dogmatic way. With the birth of the germ theory of disease speculation gave way to exact science, and it became possible to base plans of treatment of disease upon rational theories.

In the light of the germ theory of disease immunity becomes the fundamental principle underlying all treatment of those diseases which are due to living organisms. The usefulness of a plan of treatment must, therefore, be predicated upon what it will contribute toward maintaining or bringing about immunity.

Certain axioms can be formulated out of our present clinical and laboratory knowledge of germ diseases. These are:

1. That all germ diseases are due to the parasitic life of living organisms.

2. That there is in all living organisms an inherent power of self-protection against parasitic life.

3. That the power inherent in the human organism protective against disease is potent in direct ratio with normal physical development and a normal standard of health.

4. That a proper soil for a given disease germ must exist in a prospective host as a prerequisite for the establishment of the disease.

5. That the soil necessary for the subsistence and development of any given disease germ in a host may become exhausted.

6. That the normal physical development and normal standard of health, with the consequent relative resisting power to disease, are closely related to nutrition in the individual and in the ancestry from which the individual has sprung.

7. That congenial soil for a disease and inherent resisting power to it may both exist in their fullest intensity in the same individual at the same time.

Of no germ disease have we, probably, as exact and intimate a knowledge as of tuberculosis. We can, therefore, lay down the following additional axioms about it as the basis of a study of its treatment:

1. That tuberculosis is essentially a local disease, and as such is slow in exhausting the soil in the host in whom it colonizes.

2. That tuberculosis, as a disease in its complete symptom-complex, is a series of colonizations, each colonization, in the complete cycle of its existence, constituting a minor attack of the disease.

3. That each colonization which runs its course leaves the system of the host less competent to battle against a subsequent attack.

4. That every successive colonization

is more extensive and more devastating than the preceding one.

5. That when a colony has been established cure can only take place either through the phagocytic powers of the blood by destruction of the bacilli before the circulation is cut off from the deposit, or through the defensive powers of the system by necrosis and ejectment of the mature bacilli or by encapsulation.

6. That during the process of necrosis and ejectment of the mature bacilli reinoculation may take place.

Upon the general and special axioms here laid down the scientific treatment of tuberculosis must be based, and the fundamental principle that grows out of them is that immunity must constitute the basis of all treatment.

Immunity to disease is a freedom from liability to disease because of an innate or acquired condition of the system which is inimical to the development of the disease. In other words, it is an uncongenial soil for the germs which produce the disease.

For the proper understanding of what is meant by immunity it is first necessary to get a clear conception of what constitutes soil. Soil is a complex condition, having both a positive and negative qualification. It may be a condition of the system in which disease germs find something in the blood or tissues upon which they can luxuriantly feed and prosper; or it may be a condition of the system in which there is lacking something in the blood or tissues which, if it were present, the germs could not obtain a foothold.

Immunity being conditioned upon soil, is, therefore, of a twofold nature; natural and artificial immunity. Natural immunity is that condition of the system in which there is something present in the blood or tissues which inhibits the colonization of disease germs; in other words, it is the innate resisting power to disease. Artificial immunity is that condition of the system in which the specific pabulum for the disease germs has been taken out of the blood or tissues, either by a resistance to implantation of the germs or by a successful struggle through an actual colonization of them. Immunity is not a fixed absolute condition, but varies from a slight temporary resisting power to an absolute permanent impediment to disease.

Whilst tuberculosis subscribes to the general laws which govern germ diseases, it differs somewhat from most germ diseases in the matter of immunity. With such diseases as smallpox, scarlet fever and measles natural immunity is weak, and a single attack of the disease is likely to establish absolute and permanent artificial immunity. With tuberculosis natural immunity is strong, but artificial immunity is exceedingly difficult to establish. Natural immunity from tuberculosis is, however, not possessed by all races and peoples, nor even by all families alike; races that have not been exposed to the disease, such as the colored races of the interior of Africa at the present time and the native races of America before its settlement by Europeans, do not possess it at all; country people possess it in lesser degree than city people, and some families are absolutely devoid of it. This difference may be explicable upon the theory that strong natural immunity really may be artificial immunity gradually acquired through long exposure to the disease by races, peoples or special families.

As a rule, natural immunity from tuberculosis goes hand in hand with normal physical development and a normal condition of health, and this is true to a much greater degree of tuberculosis than of most germ diseases. Complete artificial immunity is very seldom attained, although a very high degree of artificial immunity may be reached by certain families.

Artificial immunity in the individual is sometimes acquired in bone tuberculosis, and possibly also in glandular tuberculosis. The reason why complete artificial immunity is so seldom attained is because when the disease is once established the natural immunity or resisting power of the person affected gradually gives way and becomes exhausted before artificial immunity can be established. That there is, however, a tendency in every case of tuberculosis toward the establishment of artificial immunity, cannot be doubted, for we have evidence of it not

only in the gradually increasing chronicity of the disease, but in the degeneracy of the tubercle bacilli as the disease advances. Could the natural immunity of the individual be maintained at a normal standard, a very large number of cases would undoubtedly recover, as artificial immunity would ultimately be acquired and the germs would no longer find congenial soil for the establishment of new colonies.

There are really very few cases of tuberculosis in which recovery does not take place from the first attack, and in many cases complete restoration to health follows a second, a third, and even a fourth attack, but unfortunately after each attack there is a lower physical tone, a lower natural immunity, and recovery is slower and less complete, with the chances of ultimate absolute recovery greatly diminished.

In the treatment of tuberculosis the great and important object should be the maintenance of natural immunity and the establishment of artificial immunity. Everything possible should be done to maintain the normal standard of health, first, by preventing waste of force, and secondly, by stimulating the organs which have to do with nutrition. To prevent waste of force it is necessary to suspend all activity over and above that which is necessary for a normal circulation and the proper action of the emunctuaries. Overwork among the poor and over-exercise among the well-to-do are serious impediments to recovery.

There is a popular idea, shared by too many physicians, that tuberculosis is due to inactivity of the lungs, and that the natural remedy is a great deal of outdoor exercise. The mischief caused by this erroneous idea is beyond calculation. As well might one expect a typhoid-fever patient to recover under a regime of hard labor as a person suffering from tuberculosis whilst pursuing an active career. Absolute rest is the proper treatment in all cases of tuberculosis whilst there is marked variation of temperature and excitability of the circulation. Not only will the resisting powers of the patient be conserved by such treatment, but the nutritive powers of the system will be greatly increased. Loss of weight will cease, appetite will improve, digestion will grow better, and the general condition of the patient will show marked improvement after a few weeks' rest in bed. When the acute symptoms have subsided and the circulation approaches a normal condition, passive exercise may be taken with benefit. Watchfulness should, however, be maintained, so that even the passive exercise be suspended the moment evidence of disturbed circulation reappears. Not until the circulation becomes normal, and all evidence of activity of the disease has disappeared, should fatiguing exercise be permitted. There is no rule of practice of greater importance to the welfare of a patient than this, for a single fatigue may be the turning-point in the case from the road to recovery to the road to fatality.

By advocating rest and partial inactivity during the convalescent stage I do not wish to be understood to favor indoor life or to oppose open-air treatment. On the contrary, I deem it of the greatest importance that even in the most acute stages pure fresh air be supplied to the patient night and day, and that the whole mode of life be regulated with this end in view. There is nothing inconsistent, however, between the ideas of absolute rest and plenty of fresh air, for such rest can be secured even in the open air if necessary, and can always be had in well-ventilated rooms. Sleeping rooms should be kept well ventilated night and day, and where they cannot be properly heated the patient should be sufficienty protected by clothing to permit of thorough flushings at frequent intervals.

The ideal treatment for tuberculous subjects is really only attainable in sanatoriums, where everything can be so planned that patients may spend most of their time out of doors, even in the acute stage of the disease; where the sleeping rooms can be well and properly ventilated, and where the physical exercise can be regulated to suit the requirements of each case. In home treatment we must do the best we can, but with the two ideas of rest and plenty of air always in mind, and as the basis of every plan of treatment and of every act of life.

Next in importance to prevention of waste of force is stimulation of nutrition so as to make up for the ravages of the disease. Tuberculosis being a parasitic disease, and one which usually attacks some important part of the machinery of the body concerned in nutrition, there is bound to be a loss in nutrition and a deterioration from the normal standard of health. In proportion as this loss can be repaired will treatment of the disease be successful.

In this connection the close relationship and interdependence of the respiratory and digestive tracts in the function of nutrition and their government by the pneumogastric nerve must be ever kept in mind. As this nerve supplies both the lungs and the stomach, an embarrassment to the lungs is bound to prove an embarrassment to the stomach. In treating tuberculosis of the lungs the most constant attention should, therefore, be given to the stomach, and every weakness and incapacity anticipated. By reason of nervous inhibition and perverted nervous function growing out of the diseased condition of the lung, appetite is often wanting, or a morbid craving for food which, if taken, will prove injurious, exists. Want of appetite and morbid cravings for food must, therefore, not be heeded, but a liberal and judicious feeding must be pursued. An ample supply of easily-digested food given at frequent intervals will probably give the best results.

The largest amount of nutrition with the smallest amount of labor to the digestive tract should be the golden maxim by which every article of diet is judged. Artificial aids to digestion, both in the stomach and the intestines, can always be employed with advantage. Great care should be exercised in giving drugs, such as alteratives and cough medicines, by the stomach for the purpose of influencing the course of the disease. The good that may be accomplished with such drugs is more than counterbalanced by the impediment to nutrition which they bring about and the consequent deterioration in natural immunity. There are many drugs, such as strychnia, alcohol, cod-liver oil, hypophosites, mercury, the mineral acids and the vegetable tonics, which may be used to advantage for maintaining natural immunity. They should, however, all be used with care, and only when indicated for a specific purpose. Animal and vegetable ferments, such as pepsin, pancreatin and diastas, are likewise most useful remedies for this purpose when judiciously used.

In the matter of artificial immunity we seem to be at the dawn of a great day. Much can already be accomplished with the methods and remedies at our command, but what we can do now is but a foreshadowing of what is to come. In the past, climate has been our chief resource as a means for the attainment of artificial immunity. With a better knowledge of tuberculosis and more careful observations of the results of treatment a change seems to be coming over medical opinion as to the value of climate as a therapeutic agent. Personally, I have long since abandoned the idea that there is any specific power in climate over tuberculosis. That climate may contribute something to the maintenance of natural immunity I have no doubt, but as between the advantages to be derived from the best climate and those which accrue to the average patient in comforts and nutrition at home, I believe the preponderance to be on the side of home.

Whatever advantage there may be in climate will only be attainable to the majority of persons suffering from tuberculosis when sanatoria have been established in appropriate places to which patients can either be admitted free or upon the payment of nominal board.

There has been much disappointment in the serum treatments. They one and all aim to establish artificial immunity, and thus to bring about a cure. Personally, I have had no experience with any of them, and I am therefore not in a position to speak of them with authority. I have, however, read all the literature upon the subject within my reach, and have kept close watch upon reports of cases treated with animal immunizing agents of any kind. I believe that all contain some merit, and in the hands of

the proper persons are legitimate therapeutic agents. I have not used them, because of lack of intimate knowledge of them, and also in part because of diffidence inspired by conflicting reports about them. That their genesis is upon correct principles, however, I am thoroughly convinced, and I look forward with great anticipation to the discovery of a specific remedy along the lines upon which they have been worked out.

Of drugs that have the power of contributing to the establishment of artificial immunity, we have at least two that are worthy of confidence. These are iodine and creosote. In my opinion, iodine comes nearest being a specific of all agents now known. That it is an absolute specific where it can be properly applied I am certain, but the great difficulty lies in the application. I have for many years obtained the most decided results by daily inunctions with a solution of iodoform or europhen in oil. The virtue of these drugs lies undoubtedly in the iodine, and the mode of action appears to be the production of nascent iodine in the blood by the decomposition of the iodoform and europhen, and a consequent inhibition of the tubercular process. The treatment is successful in proportion to the incipiency of the disease and the integrity of the circulation throughout the deposit.

Of incipient cases that I have treated, nearly all have recovered, and of the advanced cases, many have showed remarkable improvement and some have recovered. The reason why incipient cases recover so much more readily than advanced cases is because, after necrosis has begun in a tubercular deposit, medication through the blood is no longer possible, and the only hope of recovery lies in the prevention of new deposits. And here the importance of artificial immunity as a factor in the treatment of tuberculosis becomes evident. In proportion as artificial immunity can be attained the chances of reinoculation grow less. If absolute immunity be established, recovery is ensured. Iodine might possibly give this absolute immunity could a method be devised of keeping the blood thoroughly under its influence until all danger of reinoculation had passed.

Creosote is undoubtedly also a most valuable immunizing agent in the treatment of tuberculosis, and stands a close second to iodine. It must, however, be used in very large doses to get the full effects of which it is capable. A dosage of fifty drops of pure beechwood creosote three or four times a day ought to be reached. This amount can be easily given if the dose is gradually increased and copious liquid vehicles that in themselves are not prejudicial to the stomach be used. Hot water is probably the best vehicle in which it can be given, but milk is sometimes preferable. When milk is used the drug should be taken after meals, so as not to interfere with the appetite. Wine, alcoholic beverages and oils are objectionable vehicles, because they may prove embarrassing to the nutritive process and cannot well be taken in large enough quantities to properly dilute the creosote. With the special preparations of creosote I have very little experience.

PROGRESS IN GYNECOLOGY AND OBSTETRICS.

By George W. Dobbin, M.D.,

Assistant in Obstetrics, Johns Hopkins University.

REPORT ON SYMPHYSEOTOMY AT THE TWELFTH INTERNATIONAL CONGRESS OF MEDICINE, HELD AT MOSCOW DURING THE SUMMER OF 1897.

We find in the September number of the *Annales de Gynecologie* the report on symphyseotomy as given at the congress in Moscow last summer. The largest part of the report consists of a paper by Varnier, one of Pinard's assistants in the Baudilocque clinic in Paris. He reviews the subject very thoroughly and draws a number of interesting conclusions from the material presented in his paper. There were between the years 1892 and 1897 eighty-six cases in that clinic upon which the operation of symphyseotomy was done, and according to the opinion of Varnier this series is the largest that has

ever been published. Some of the important deductions which he has drawn from this material are as follows:

1. The temporary enlargement of the pelvis, practiced according to the rules laid down by Pinard at the congress in Rome, has resulted in making equal, or even diminishing, the fetal mortality in contracted pelvis over that in normal pelves, in which there is necessity for delivery by the operations of forcep and version. Of the eighty-six symphyseotomies reported there were only five dead-born children, a fetal mortality of 5.82 per cent., which will be even less when it is considered that of these five dead-born children only three had any fetal heart sounds before the operation was done. The secondary mortality in children who have died after their mothers have been discharged from the hospital is larger and is put down by the author at 13.95 per cent.

2. The operation of symphyseotomy gives rise to no excessive hemorrhage and to no lesions of the sacro-iliac synchondroses capable of compromising the life or health of the patient. Whatever slight hemorrhage occurs can be easily checked by tightly packing the space behind the symphysis pubis with gauze, and that no lesion of the posterior symphysis occurs the author has conclusively shown by the post-mortem examination of eight fatal cases. He advises that the public separation should not exceed six or seven centimeters.

3. Lesions of the bladder and urethera are exceptional, and when they occur there is every reason to believe that they are caused by the insufficient dilatation of the soft parts rather than by any of the operative manipulations. Under this heading he does not refer to those fistulae which are produced as the result of continued pressure of the fetal head sticking at one point, but only to those produced directly during the course of the operation. He gives in full the clinical histories of two of the eighty-six cases in which this accident occurred, in one of which a complete cure was effected after secondary operations, and in the second the patient refused treatment.

As prophylactic measures in the production of these fistulae, he urges the observance of the following points:

(1) That the dilatation of the cervix be complete before the operation is resorted to.

(2) That firm pressure be made on the sides of the pelvis by assistants during the extraction.

(3) It may be necessary to modify the method of extraction of the child.

4-5. Done on a woman who is not infected, symphyseotomy has no more dangers than many other obstetrical operations, and, outside of accidental complications, independent of the method of intervention, the mortality of symphyseotomy has as its principal cause puerperal infection.

Under this conclusion he goes into a discussion of the mortality after the operation, and we find that after the eighty-six symphyseotomies reported there were ten deaths, a mortality of 11.6 per cent. When we consider, however, that three of these cases died of causes entirely independent of the operation, viz., intestinal obstruction, la grippe and acute lobar pneumonia, the total mortality of 11.6 per cent. can be reduced to an actual mortality of 8.4 per cent. Varnier gives complete clinical histories of all of his fatal cases, and the deductions drawn therefrom bear out the statement made in the above conclusion as to puerperal infection being largely the cause of the actual mortality.

6. Symphyseotomy is followed by perfect restoration of function, but up to the present it cannot be demonstrated that there is any permanent enlargement of the pelvis for future confinements. A symphyseotomy healed by first intention causes no difficulty in subsequent pregnancies, and the operation can be done with good result several times on the same patient.

All of the patients operated on have been kept under careful observation both during their stay in the clinic and after their discharge, and with the exception of the case of vesico-vaginal fistula above mentioned no ill result either in the passage of urine or in locomotion could be noted.

Varnier then goes on to prove by a

critical study of seventeen cases that:

(1) Symphyseotomy healed by first intention has no evil effect on subsequent pregnancies and confinements.

(2) The operation can be done without difficulty several times on the same patient, and

(3) As yet it cannot be demonstrated that there is any permanent enlargement of the pelvis produced by the operation.

By referring to the clinical histories of these cases, which the author has published in full, it can be seen that he is entirely justified in making the above conclusions. He disagrees with Zweifel of Leipzig in thinking that there is no permanent enlargement, as the measurements made by him have failed to demonstrate any such increase in size. That normal delivery does occur in women upon whom symphyseotomy has been done Varnier makes no attempt to deny, but shows that in ten cases in his series in which this event occurred there was a uniform diminution in weight and in the length of the biparietal character of the second normally delivered infant as compared to that of the first one delivered by symphyseotomy.

7. The operations of Fenomenoff and Frank (except possibly in those pelves deformed by kyphosis) do not give enough definite enlargement to justify their being done.

These observers advise that in certain grades of pelvic deformity an osteoplastic symphyseotomy be done and the piece of bone removed interposed between the separated surfaces of the symphysis, thus permanently enlarging the pelvic brim in all its diameters. In order to satisfy himself on this point, Varnier visited Frank in Cologne and examined a patient upon whom this operation had been done ten weeks before. Varnier's measurements did not coincide with those made by Frank, and after a thorough examination of the patient the author does not think that the enlargement obtained is sufficient to justify such an extensive operation.

8. Generally speaking, the indications for symphyseotomy are, whenever the child is living, dilatation complete, and efforts at expulsion are fruitless on account of either relative or absolute contraction of the pelvis.

It has been stated that a pelvic separation of seven centimeters can be obtained without causing injury of the sacro-iliac synchondrosis, and such an amount of separation will give ample space for the extraction of a child without traumatism. It is not to be understood that symphyseotomy is reserved for pelves contracted in the absolute sense of the word, but it should be the method of treatment in that class of dystocia, which is so fatal at present, caused by a physiological increase in the volume of the fetus as well as in certain faulty presentations (brow and face, for example) in normal pelves.

9-10. For many reasons given above symphyseotomy should replace in the treatment of contracted pelves the induction of premature labor and forcible extraction by forceps or version; of course, in the light of the present investigation, such operations as craniotomy and embryotomy on the living child should not be considered. Symphyseotomy is the only procedure which causes definite enlargement of the pelvis. A study on the dead body of the results obtained by the position of hyperextension of Walcher goes to prove that enlargement of the conjugate diameter produced in this way is inefficient and variable. Pinard and Varnier made experiments with the cadavers of nine women who had died either during labor or early in the puerperum, and ascertained by actual measurements that in only three of the nine cases examined did the increase in the anterior posterior diameter equal three millimeters, and only once did the increase exceed that distance when the body was put in the position of Walcher.

11. As regards the particular and special indications for symphyseotomy, we can divide contracted pelves into two groups:

(1) Symmetrically contracted pelves, and under this category we can put the generally contracted pelvis, the flat pelvis, the rhachitic pelvis and pelvic deformity due to double dislocation of the femora, spondylolisthesis and kyphosis. In the series of eighty-six cases under consider-

ation, seventy-seven can be put in this class of symmetrically contracted pelvis.

That the writers, Pinard and Varnier, have taken very broad, radical views as to the amount of pelvic contraction which requires symphyseotomy can be clearly seen by the following table:

Oblique conjugate, 80-90 mm., 5 cases.

Oblique conjugate, 90-100 mm., 33 cases.

Oblique conjugate, 100-108 mm., 33 cases.

Oblique conjugate, above 108 mm., 5 cases.

In which it is at once noted that one-half of their symphyseotomies were done in pelves in which the oblique conjugate measured 10 cm. or over, and according to the opinions of most obstetricians of the present day such dimensions are by no means absolute indications for the operation.

(2) Asymmetrical or atypical pelves. Of this group the author makes two subdivisions:

(a) Asymmetrical pelves resulting from a coxalgia which has not extended into the sacro-iliac synchondrosis, congenital unilateral dislocations of the femur and asymmetrical deformities caused by scoliosis, rhachitis and other affections, and

(b) Asymmetrical pelves resulting from disease which has affected the sacro-iliac synchondrosis, or arrest of development of one ala of the sacrum. In other words, the second group is subdivided into pelves which have and have not mobility of both sacro-iliac synchondroses. The first subdivision are those asymmetrical pelves which have good mobility of both posterior symphyses, can be considered in the majority of instances as symmetrical pelves and are suitable for symphyseotomy. In those of the second subdivision in which one synchondrosis is ankylosed symphyseotomy should never be the operation of choice, but only done after thoroughly considering all the possibilities of the case.

12-13. Symphyseotomy should play the rôle of enlarging the bony pelvis, and should never be done with a view towards causing dilatation of the soft parts. In order to insure dilatation Varnier urges the use of the Champetier de Ribes bag and chloroform.

The operation should, of course, never be done in obstruction due to tumors either of the soft parts or bony pelvis.

14. Outside of the indications and contraindications drawn from the condition of pelvic deformity we should always consider the condition of both the mother and child before resorting to the operation. In the present state of our knowledge this conclusion offers two points of considerable difficulty. In the first place we cannot tell the exact condition of the child by auscultation of the fetal heart, and, in the second, although we may have every reason to suspect infection on the part of the mother, we have no means of deciding conclusively at the time of the operation. Thus we will meet with a number of cases in which we cannot say definitely if or if not it is in best judgment to operate. Varnier is of the opinion that when in doubt the best general rule to follow is to take the risk and do the operation.

REPORT OF ZWEIFEL OF LEIPZIC.

Varnier's report was followed by one by Zweifel of Leipzic, and in his report, which is by no means as exhaustive as the one made by Varnier, he agrees in the main with the conclusions and deductions drawn by this observer. Zweifel reports a series of thirty-one symphyseotomies done in the "Universitäts Frauenklinik" in Leipzic, from which all of the mothers recovered and all regained their activity, and from which twenty-nine children were extracted alive at term, and were alive and in good condition at the time of their discharge from the hospital. In the main he gives many of the same points as given by Varnier in the paper abstracted above, and they will not be mentioned in this review. He gives excellent instructions as to the proper method of operating, and these in abstract are as follows:

1. The operation should be done while the child is living and with a view to saving its life. The mother placed with her legs hanging over the edge of the table, the incision had best be transverse over the superior border of the symphysis;

what little hemorrhage occurs here can be easily checked by forci pressure and gauze packing.

2. The fascia above the symphysis are then cut, as well as those below these joints, and with the finger or some blunt instrument the symphysis is easily isolated from the surrounding attached tissues.

3. Section of the symphysis. A metallic female catheter is placed in the bladder and the urethra depressed out of the way of the knife. The operator passes the first finger of the left hand beneath the symphysis, and on this as a guide passes a probe-pointed bistoury behind the joint, and beginning from above and behind cuts through the symphysis completely. This bistoury should be a strong one, the back of which is not too thick. As soon as section of the symphysis is complete one notices a separation of the bones varying from two to four centimeters. The space is immediately filled with a tampon of gauze, and if the accouchement is to be ended at once, pressure made on the iliac bones during delivery. At the moment of the passage of the fetal head the pubic separation may equal six or seven centimeters, and we may then notice an abundant hemorrhage, which, however, is of short duration.

4. In the operation of closing the symphysis we make use of the following steps:

(a) Again introduce the catheter into the urethra of the patient.

(b) The gauze pack, which has been interposed between the bones during the operation and now saturated with blood, is removed and a clean, smaller piece laid behind the symphysis along the urethra and anterior surface of the bladder. Elevate the thighs and flex somewhat on the abdomen.

(c) The sutures of the bones should be made with two sutures of non-absorbable material and two sutures of catgut, with an ordinary needle, either through the anterior pubic ligaments or passed through holes drilled in the bones.

(d) With a suitable instrument depress the gauze which has been placed behind the bones, so that it will not be caught between them when the sutures are tied, and tie the sutures.

(e) The gauze behind the symphysis can then be removed and the skin and subcutaneous tissues brought together. However, it is thought best by Zweifel that the gauze drain placed behind the symphysis be left in situ and the wound allowed to heal by granulation, so that later (eight to ten days) one can remove the non-absorbable sutures. The after-dressing should be a broad bandage to support the pelvis and an ordinary vulval pad placed over the external genitals, care being taken that this dressing does not become saturated with urine.

As compared to the Cesarean operation, Zweifel thinks that symphyseotomy has the advantage of limiting the field of operation practically to the genital tract and the greater advantage of leaving the pelvis larger and more dilatable for future confinements. The great danger in the operation consists in the liability of wounding the bladder and urethra. In the thirty-one cases reported by this observer this accident occurred three times. The first time a perforation of the urethra, due to the fact that he used a male instead of a female catheter; in the second case the urethra, at the moment of the removal of the gauze, was caught between the bones, and in the third case the gauze, having escaped from behind the symphysis, it was necessary to replace the bladder with forceps, during which procedure it was wounded. All of these lesions were repaired before the patients were discharged from the hospital.

Medical Progress.

Formaldehyde Disinfection.—Schlossmann (British Medical Journal) says that there are two chief methods of carrying out this disinfection. In Trillat's method an attempt is made to prevent the formation of polymers of formaldehyde by adding calcic chloride, whereas in Schering's apparatus paraformaldehyde is converted into gas, and this is again changed into formaldehyde by means of the water produced by the burning of a certain amount of spirit. The probability is, however, that in both methods the greatest part of the formaldehyde escaping into the air is converted

into polymers. In the method introduced by the author and Walther, polymerization is prevented by the use of hygroscopic substances, and especially glycerine. Lingner has constructed an apparatus consisting of a vessel in which the water is boiled. The steam rises into a reservoir which contains 40 per cent. formaldehyde and 10 per cent. glycerine. This mixture they term glycoformal. From this reservoir four pipes pass out into the room. In this way the room can be quickly filled with a mixture of formaldehyde steam and glycerine. A room of 60 cm. is so filled with vapor in ten minutes that an electric lamp placed in the center is no longer visible. All microbes are destroyed in three hours at the latest. The advantages claimed by Schlossmann are the following: (1) The sterilization is absolute; (2) the closure of all cracks and clefts is not necessary; (3) the procedure requires only three hours; (4) there is no danger of explosions; (5) the method is cheap; (6) the glycoformal vapor is heavier than air and therefore sinks, and (7) the total disinfectant powers of the gas are obtained. The windows are thrown open for half an hour after the disinfection. Liquid ammonia is then placed in the room in an amount proportionate to the formaldehyde used. The windows are again opened, and thus all smell is got rid of. This method of disinfection can be carried out by the unskilled. Hess made the bacteriological investigations for the author.

* * *

Renal Sarcoma in Children.—Concetti (British Medical Journal) reports three cases of this disease, two of which were operated upon, and one was alive and well two years after the operation. Early infancy (from birth to five years) furnishes the largest proportion of cases, and 20 per cent. of the recorded cases occurred within the first year. The male sex is more often affected. In the author's two cases no evidence of suprarenal tissue could be found, no glycogen, and no parasitic blastomycete such as has been described by Sanfelice. The immense majority of renal malignant growth in children are sarcomatous or myxosarcomatous in nature. In the author's cases the weights of the growths were 970 and 1080 g., respectively; one weighing 15,000 g. has been described by Vander Byl. The right kidney is more often affected than the left. The chief symptoms are the presence of a tumor behind the colon, rapidly growing, more or less free according to the presence or absence of adhesions; if cysts develop, examination of the fluid is a help in diagnosis. Examination of the urine gives negative or uncertain results; hæmaturia is exceptional. The average duration of life is only six months if the case is left alone. From published statistics the author finds that the mortality from operation is 40 per cent.; by relapse, 45 per cent.; cures more than two years' duration, 7 per cent.; results unknown, 8 per cent. Not more than nine or ten cases of absolute cure after operation are known at present. In spite of these figures the author recommends nephrectomy if there are no signs of systemic infection.

* * *

Effects of the *X*-Rays.—Dr. Alfred C. Prentice, in an article in the Medical Review of Reviews on the above subject, concludes as follows:

1. The general character of the tissues affected in the "*x*-ray burn" is that of absolute necrosis and more or less exudative inflammation. The resulting alopecia is more or less marked in lesions involving hair follicles.

2. The *x*-rays themselves exert no appreciable heating effects, and consequently do not burn. All evidence seems to point to the conclusion that the lesion is due to the direct effects of the electric currents upon the tissues and fluids. The nature of this effect is as yet wholly speculative.

3. The ozone irritation theory is not supported by evidence.

4. Metallic particles of the platinum anode are not projected into substances near to *x*-ray tube.

5. *X*-rays do not decompose the silver salt of the photographic plate directly, but produce in the gelatine film a fluorescence which in turn acts upon the silver salt as ordinary light.

6. The use of the static rather than the induced electric current in producing the

X-rays is less liable to result harmfully (*a*) because it is of low amperage, and (*b*) being of very high potential comparatively, does not necessitate so short distance between the tube and the exposed part.

7. In all cases where exposure is required at a distance less than twelve inches from the tube an aluminum screen, electrically grounded, should be placed between the tube and the exposed part.

* * *

Rest in Gastro-Intestinal Diseases.—In discussing this subject in the Journal of the American Medical Association Dr. C. D. Sprook concludes that

1. It is indicated in all dyspepsias, the underlying cause of which is a deranged nervous system.

2. It is indicated in all cases where abdominal pain is present.

3. In all cases of acute and chronic diarrhea.

4. In hemorrhage from the stomach or intestines.

5. In all cases of moveable or floating kidney.

6. In all tubercular cases suffering from disturbed digestion, be it stomach or intestine, and especially those that have a vacillating temperature record, and as there are but few cases of tuberculosis that do not suffer from some form of gastro-intestinal disorders, the rest cure is indicated in 50 per cent. of all cases of tuberculosis. Not only are they relieved from their annoying digestive symptoms, but their general condition markedly improves.

7. I have yet to learn of a disease of the gastro-intestinal tract where the rest treatment is contradicted.

* * *

Professional Secrecy in France.—The New York Medical Journal records a legal decision in the French court of appeal which is of great interest professionally. According to article 378 of the French penal code, a physician is forbidden to reveal any secrets confided to him, or of which he becomes cognizant, in the exercise of his profession. A married woman, applying for a divorce from her husband, sought permission to introduce in evidence certain letters addressed to her by Dr. Cordonnier, who had attended her husband, to show the nature of his malady. The court commenced by laying down that the physician does not exceed the limits of his rights when he informs by letter the wife of a man whose husband he is attending of the causes and nature of his disease. But it adds that these letters must not be divulged, even by agreement between the sender and the recipient, as the obligation to professional secrecy imposed by the law does not permit of his consenting to their publication. This rule permits of no exception, and must be applied even where the applicant for divorce wishes to put them in evidence as proof of her wrongs, for confidences which the interest of the patient can alone justify must not, under any pretext, be used against him.

* * *

Treatment of Gonorrhea by Ointments. — Pitruzzella (British Medical Journal) has tried this form of treatment in sixty cases of gonorrheal urethritis in the male. All were chronic cases except seven, of which two were acute and five subacute. The results were as follows: Forty-two cases were cured, nine relieved and nine unchanged, including among the latter the two acute cases and one of the subacute. The drugs tried were acetate of lead, sulphate of copper, nitrate of silver and ichthyol. The basis was lanolin mixed with olive oil to a creamy consistence and applied on a steel sound. The duration of treatment was from twenty-two to forty-one days. The author recommends this treatment in chronic, but not in acute cases.

* * *

Effect of Alcoholism upon Healing of Wounds.—M. Kiparsky (New York Medical Journal), in a communication to the Russian Medical Society of St. Petersburg, contends, as the result of experiments conducted on rabbits, that the healing of wounds is retarded by acute or chronic alcohol poisoning, as a consequence of the general diminution of chromatic substance in the epithelial tissues, consequent upon lessened vital resistance and idioplastic energy of the tissues.

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BALTIMORE, AUGUST 20, 1898.

Arthropathics of Hereditary Syphilis.

TO THOSE who are interested in the diseases handed down from parents to their children, whether manifested in youth or later life, an article by Kirmisson and Jacobson in *Revue D'Orthopedie* upon the above topic will be of great interest. It is too long for thorough review, and, indeed, its summary of the literature of the subject is not yet completed. Enough, however, may be gleaned from the new cases related to show the general aspect of the disorder and to put the physician on his guard against errors of diagnosis (through ignorance) in his practice.

The old-fashioned clinical disease, scrofula, seems to have pretty much resolved itself into tuberculosis and hereditary syphilis, diseases distinct in their therapeutics, yet often very closely alike in their symptoms. Especially in the lesions of the bones and fibrous tissues is it difficult at times to determine whether tuberculosis or hereditary syphilis is at work. So it will be found that lesions of these tissues, which were formerly considered infallible proofs of syphilis, are now believed to be in some cases tubercular. The distinction is somewhat confused, moreover, by the absence of time limits in the advent of the different lesions of hereditary syphilis, the secondaries sometimes appearing unexpectedly at a late date and the tertiaries equally unexpectedly at an early period after birth.

The French observers mentioned report several cases of inflammation in and about joints in which the heredito-syphilitic history is as clear as could be demanded. In one patient, eleven days old, a breast-nursed, yet stunted, wasted and cachectic child, the left thigh was flexed at right angle on the pelvis by rigid spasm, and the whole neighborhood of the hip joint was swollen, but gave no fluid on aspiration of a softer spot. There was some pain in the joint. Mercury inunctions and sublimate baths wrought speedy improvement.

In another case, patient two years old, there was painless swelling and very slight deformity of the left hip and upper femur, so obscure that diagnosis was long withheld. Under antisyphilitic treatment the child soon recovered.

A third patient, four years of age, presented an indolent swelling of the left knee, with enlargement of the upper tibia. There was never any pain. The inflammation was very sluggish indeed. Convalescence was at once established under iodide of potassium and mercurial inunctions. In these cases the father and child gave the various syphilitic symptoms, the mother yielding none at all.

* * *

Antitoxine Patented.

IT has recently been announced that Behring has succeeded in obtaining in this country a patent for diphtheria antitoxine, and all firms which have been for some time engaged in the manufacture of this highly effective serum have been served with a notice to quit. The medical profession has, as a rule, submitted to any burden put upon them but by drug firms who hold a monopoly of a valuable remedy, but it was never supposed that Behring would succeed in controlling all the rights of manufacture of a remedy which has been in successful use for several years. Physicians, unlike business men, will calmly submit to almost any indignity, because they are too apathetic to act, but it is a pleasure to see that the reputable firms in this country which have invested large sums in valuable plants for making this serum have agreed to fight the Behring patent, and it is the duty of the profession of the United States to throw their weight with these firms and to use their products as long as they are found to be worth using.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 13, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	.	7
Phthisis Pulmonalis	..	19
Measles	7	1
Whooping Cough	4	2
Pseudo-Membranous Croup and Diphtheria.	21	4
Mumps	..	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	..	..
Typhoid Fever	10	6

There has been a case of diphtheria in the Baltimore jail.

The Chicago Polyclinic is rejoicing in the fact that it is out of debt.

Dr. John Boardman, a prominent physician of Buffalo, died there last month.

Dr. E. G. Welch has removed his office to 607 North Charles street, Baltimore.

In New York a druggist was recently arrested for prescribing over the counter.

Dr. D. J. Rinehart has been appointed sanitary inspector in place of Dr. J. J. Caldwell, resigned.

At the meeting of the American Medical Association, held at Denver in June, 711 papers were read.

The Canadian Medical Association held a very successful meeting during this past week at Quebec.

Dr. J. B. Hamilton has been elected to the presidency of the board of directors of the Chicago Public Library.

The *Relief* and the *Missouri*, the latter presented to the government by Mr. B. N. Baker of Baltimore, are model hospital ships.

The Baltimore University School of Medicine has filled the vacancies caused by the resignation of a large part of their staff.

Dr. C. H. Hughes of St. Louis has recently been elected to membership in the Moscow Society of Neurology and Mental Sciences.

Dr. Charles E. Canby has been appointed in the Baltimore Health Department to examine the throats of convalescing diphtheria cases.

By the will of the late Rev. William L. Bull, a home and school for nurses are to be erected at Ivy Cottage, Chester county, Pennsylvania.

Dr. William E. Welch was elected health officer of Annapolis, vice Dr. Geo. T. Marchand, who has accepted a clerical position in the navy.

Among the successors to the late Dr. William Pepper in the University of Pennsylvania are mentioned Dr. James Tyson of Philadelphia and Dr. William Osler of Baltimore.

Dr. Marie L. Lefort, who was recently appointed district physician by the Board of Health of Newark, N. J., is the first woman to receive such an appointment at the hands of that body.

Mrs. R. C. M. Page of New York has presented to the University of Virginia the library of her late husband, Dr. R. C. M. Page, consisting of nine cases and containing about 650 volumes of valuable miscellaneous works.

The fifteenth annual meeting of the American Climatological Association will be held at the Maplewood Hotel, near Bethlehem, N. H., on August 31 and September 1, 1898; president, Dr. E. O. Otis of Boston; secretary, Dr. Guy Hinsdale of Philadelphia.

Dr. Benjamin F. Bohrer, for many years a practicing physician of Baltimore, died in Montgomery county, Maryland, aged seventy-eight. Dr. Bohrer was graduated at the University of Maryland in 1844, and was an assistant of the late Dr. Nathan R. Smith.

A board of health organized in Williamsport, Md., consists of Dr. W. S. Richardson, Dr. S. K. Snively, Lewis D. Byron, J. Wm. Lefever, P. L. Lemen. County Health Officer Dr. J. McP. Scott visited Williamsport and assisted in effecting a permanent organization. Joseph L. Motter, James E. Hawken, Frank T. Goddard and T. J. Lemen were appointed a committee to ask the county commissioners to provide antitoxine for indigent patients afflicted with diphtheria. A dozen or more cases of diphtheria in the town caused alarm. All infected houses have been quarantined and the State Board of Health has been asked to cooperate.

Washington Notes.

Dr. Wilford M. Barton has returned from his stay in the Virginia mountains.

Dr. G. D. Bailey and Dr. C. R. Dufour have returned from their outing at Harper's Ferry.

Sectarian institutions have been especially provided for by a charity appropriation of $28,000.

The wards in the hospital at Montauk Point are now in excellent condition. The patients are under the care of nurses and have all kinds of medicines and supplies in abundance.

The Washington branch of the Red Cross Association has received the gift of two ambulances and two army wagons, with teams, for use at the camp at Thoroughfare Gap.

The annual death rate per 1000 of the whole population declined from 22.3 to 21.89 during the last week. There were four fatal cases of typhoid, one of diphtheria, two of measles and one of scarlet fever.

The annual report of the Women's Dispensary shows 1101 patients treated, 48 surgical operations performed and 2841 prescriptions compounded, the average cost of treatment being twenty-five cents per capita.

Many of the Washington physicians are looking to the meeting of the Virginia Medical Society with much interest. Among those assigned to important duty are Dr. Taber Johnson, Dr. J. Stowe and Dr. J. Wesley Bovee.

Drs. J. T. Arwine and Jessie Ramsburgh of the First Division of the Fifth Army Corps at Santiago write that they have sixty cases of yellow fever in their hospital, and that they themselves are well and rather enjoy the exposure and hardships.

Surgeon-General Sternberg has issued a circular to surgeons in the field giving directions as to the best methods of dealing with fevers when large numbers of men are afflicted, and directing them to use their best efforts to check the progress of disease.

The administration committee of Georgetown University Hospital make a formal announcement of the opening of their hospital. They state that "the free beds are for the benefit of indigent sick, but evidence of dependency will have to be furnished according to the rules of the Medical Association of the District of Columbia before admission is granted."

The annual report of the Washington Hospital for Foundlings shows a death rate of 30 per cent. during the year, an improvement of 5 per cent. over any previous year. Of these deaths nine were from athrepsia, four from gastro-enteritis and three from enteritis. Intestinal indigestion caused more suffering than any other complaint; twenty-seven infants were affected with it. The cash on hand shows the good standing and management of the institution.

Book Reviews.

NOTES ON MASSAGE, including Elementary Anatomy and Physiology. By Jessie M. Ward, Instructor in Massage in the Pennsylvania, Jefferson, Woman's Hospitals, etc. Pp. 97. P. Blakiston, Son & Co., Philadelphia. Price $1.

This little book is largely intended for use by pupils in connection with the demonstrations during class hours.

It gives, first, the anatomy of a part, and then follow the necessary directions for the manipulation of that part.

It is intentionally not illustrated, and lays claim merely to being a substitute for works "too voluminous or too technical to afford the necessary aid to a person desiring simply an outline of the subject." It is conveniently arranged and contains a good many practical suggestions of value.

REPRINTS, ETC., RECEIVED.

Sixth Annual Report of the Sheppard Asylum, 1897.

Neurotic Eczema. By L. Duncan Bulkley, A.M., M.D. Reprint from the *Journal.*

Recurring Internal Ophthalmoplegia. By Howard F. Hansell, M.D. Reprint from the *Ophthalmic Record.*

After Gynecological Operations. By C. A. Von Ramdohr, M.D. Reprint from the *New York Medical Journal.*

An Old Remedy for Diabetes Mellitus. By Reynold W. Wilcox, M.D., LL.D. Reprint from the *Medical Fortnightly.*

The Treatment of Retrodisplacements of the Uterus. By Hunter Robb, M.D. Reprint from the *Philadelphia Medical Journal.*

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Original Articles.

ATYPICAL APPENDICITIS.

By Hugh M. Taylor, M.D.,

Professor of Practice of Surgery, University College of Medicine, Richmond, Va.; Surgeon to Virginia Hospital, etc.

REMARKS MADE BEFORE THE RICHMOND MEDICAL AND SURGICAL SOCIETY.

TYPICAL appendicitis should be as easy to diagnose as typical pneumonia, etc. Unfortunately we meet with a good many atypical appendicular inflammations. Appendicitis and its sequences afford a number of surgical surprises. A perinephritic, perihepatic, subphrenic, mediastinal or pleuritic infection may have as a focus a post-cecal cellulitis, a product of appendicitis; while lumbar, iliac, prevesical, inguinal scrotal or gluteal abscess may take their origin from the same source. Many of the psoas, lumbar and iliac abscesses of the past were really cases of post-cecal suppuration incident to appendicitis.

A case illustrating this point had just been operated upon by him. The patient, a male adult, had had an abscess discharging outside and below the iliac spine for three years. Several times by other surgeons the fistulous tract had been slit up the abscess cavity, which ran down into the pelvis toward the spine, packed and drainage tubes were worn almost constantly. Celiotomy by Dr. Taylor revealed a matted appendix, its distal end buried in an exudate and firmly fastened to the iliac fascia in the iliac fossa; plainly an appendicitis was the starting point of the extra-peritoneal abscess.

Within the past few months among his cases of appendicitis it seemed to him that he had had more than his share of cases, which seemed to illustrate the very frequent erratic behavior of appendicitis. He would impress the idea that the surgeon who waits for classical symptoms in all cases, with no broken link in the chain of evidence, will overlook many until they have either convalesced from an attack or have passed beyond a safe operable stage. Classical symptoms and typical cases are the rule, but many cases would go unrecognized if such symptoms only were relied upon.

A case with erratic manifestations was recently seen with Drs. C. W. P. Brock and J. S. Wellford. A little boy was indisposed Wednesday and Thursday, but his physician was not called until Friday, and even at that time his symptoms were not pronounced and did not become so until Saturday night. When seen by Dr. Taylor Sunday evening there was vomiting, a tympanitic belly, a rectal temperature of 100°, a pulse of 150 and other evidences of profound toxemia, clearly stamping the case as fulminating in type. An immediate section revealed a gangrenous appendix. There had been no effort on the part of nature to wall off the focus of infection—no plastic peritonitis, resistance was completely overcome, serum was quickly changed to pus and septic suppurative peritonitis (diffuse) was in full blast. This case had been closely watched by experienced observers, and without warning had passed from a condition of subacute appendicitis to diffuse septic and suppurative peritonitis.

As is well known, an appendectomy in subacute appendicitis is minor surgery, while operative interference for the relief of diffuse septic or suppurative peritonitis is desperate surgery. Subacute appendicitis *per se* is a minor morbid condition,

and if we could only know that it would remain subacute we could well afford to let it alone.

Will it remain subacute? Who can tell? No one. It is not within the power of the best diagnosticians to prognose that the subacute case may not within the next hour change into a virulent type and without the manifestations of distinctive symptoms. This is not, he claimed, an individual opinion. *Per contra*, it represents the advanced surgical thought of the day.

It is natural, he thought, but not logical, to wish to wait until the acute attack is over before operating, if we only knew it was going to recede. He had many times operated too late, but never too early. Suppose the case just cited had been operated upon within the first twenty-four hours, an appendectomy for subacute appendicitis would almost surely have been successful. Two experienced practitioners did what we all have done, i. e., failed, because of absence of pathognomonic symptoms, to recognize a progressive increase in the morbid changes.

As we cannot differentiate between the case which is going to develop into a virulent type from one which will recede in a few days, is it right to procrastinate? Dr. Taylor unhesitatingly classed himself with the large majority of surgeons in saying no. Is it not better, he asked, to assume that in its incipiency even a case of appendicitis is strictly local, and that the highest mission of operative interference is to prevent the consequences of appendicitis, notably acute ileus through sepsis, chronic ileus through adhesions, as well as the immediate and imminent danger of diffused or circumscribed septic or suppurative peritonitis? Will it remain subacute?

A case recently seen with Dr. Edward McGuire and C. V. Carrington is an apt illustration of our inability to foreshadow the future in any subacute case.

A young woman was slightly sick Monday, Tuesday and Wednesday, with symptoms of appendicitis, but of such a mild type that a positive diagnosis hardly seemed warranted. Friday the condition assumed a grave aspect, but the symptoms were those of perihepatitis or pleuritis. The pain, sharp and lascinating in character, causing sharp grunting respirations, was focused over the lower portion of the right pleura and hepatic region. There was no right iliac rigidity or pain or tenderness. The tissue in the right iliac region could be pushed back to the spine without eliciting pain.

Here was a history of appendicitis, with the symptoms, i. e., pain, fever, pulse rate, and respiration pointed to perihepatitis. A section revealed a dead and insensible appendix and suppurative peritonitis—no pain, no lump, no muscular rigidity and a gangrenous appendix. The absence of pain was easily explained—a dead appendix is painless. We should not expect to find a swelling in such a case; swelling must result from plastic peritonitis (local) and by plastic peritonitis matting the bowel and omentum or an exudate surrounding the appendix or walling in an abscess. No lymph is poured out in diffused suppuration or septic peritonitis, and hence we should expect no lump in the most virulent types of appendicitis unless an acute type is engrafted upon the chronic or recurring variety.

A case recently occurred in his own practice which illustrates the need for anxiety in any type of appendicitis. A male adult had been sick for several days with supposed gastro-intestinal disorder, attended by diarrhea. When his attention was called to it he admitted having had soreness about his appendix. Careful palpation failed to elicit pain, induration or muscular rigidity. He was told that there was a suspicion of appendicitis, but that the history and symptoms did not warrant a positive diagnosis of appendicitis. He was advised to remain quiet, adhere to a rigid diet, keep his bowels open, and was given some intestinal antiseptic. In ten days Dr. Taylor again saw him, and found a mass in the right iliac region as large as a turkey's egg; this had formed without increase of symptoms, while the patient was up and about and while he supposed himself rapidly recovering. A section revealed an appendix buried in exudation and a small abscess of recent formation.

Stereotyped cases of appendicitis are distressingly common and admittedly are the most important of the many morbid conditions occurring in the abdomen or pelvis. The typical cases of appendicitis, acute, subacute or relapsing, present a clinical picture so clearly portrayed that it should not often be wrongly misinterpreted—the sudden onset of diffused pain, reflex in character, soon followed by local tenderness and pain at some point within the circle, with the appendix as a radius. Vomiting (temporary), rigid right rectus muscle, with slight fever and rapid pulse, are classical symptoms. If this picture was presented in every instance we would have fewer mistakes in diagnosis and fewer cases in which operative interference is postponed until septic and diffuse suppurative peritonitis has, in the majority of instances, hurled the patient beyond the restorative resources of surgery.

A second case recently seen with Prof. Wm. S. Gordon further illustrates the value of early operative interference. A young man had peritonitis, so diagnosed, several years ago. As he had specific urethritis at the time there was a vague suspicion that the gonococcus was an etiological factor in his abdominal trouble. This sickness continued six weeks or more. Since his recovery he has had a number of minor attacks of intra-abdominal trouble lasting only a few days, from one of which he had just recovered when first seen by Dr. Taylor. A section revealed no appendix—only a little tit at the site of the appendix cecal junction; but there was found matting of the ilium and cecum, with firmly-organized adhesions and thickened bowel walls from repeated inflammations and deposition of exudate. Several feet from the ileo-cecal junction there was found another point of meeting of the coils of the small bowel, and here also existed the same morbid changes, viz., firm adhesions, thickened bowel walls and abundant organized exudate. It was radical surgery to untangle the matted bowels at the sites mentioned —a major operation as compared to an appendectomy done early in the onset of his first attack.

Dr. Taylor urged that an early operation is conservative in that it limits the amount of surgery needed to cure the patient. In the late operation our mission is so often to cure the consequences of appendicitis. To his mind it was clear that the first prolonged attack in this case was appendicitis and peritonitis (fibrinoplastic in type). During the six weeks of dangerous sickness the appendix was destroyed, and the subsequent attacks continuing at intervals during the past two or three years were attacks of acute ileus mechanically induced, a result of the matted bowels. His years of suffering and repeated danger would have been prevented by an early surgical operation of a much less serious nature than the one finally found necessary.

This is the second case recently met with in which there was no appendix, and the case further illustrates one way in which appendicitis may induce chronic and acute ileus. The case was seen with his colleague, Prof. Paulus A. Irving. The patient, a young man, was suddenly taken with a violent and persistent vomiting, shock, pain, rigid abdominal muscles, obstinate constipation, rapid pulse and soon some febrile disturbances. A section showed fibrino-plastic peritonitis, i. e., some serum in the peritoneal cavity and flakes of lymph quite extensively sticking to the coils of intestines. A pencil-like band was found encircling and constricting the ileum about six or eight inches from the ileo-cecal valve. This band was incised, peeled off the intestine and removed. Upon examination no appendix was found attached to the cecum, but at its usual site of attachment there was abundant scar-tissue.

Evidently this patient had appendicitis eight or ten years ago. Its distal extremity was then wrapped around the ileum, and from necrosis, digestion or constant traction was separated from the cecum.

Appendicitis is a not infrequent cause of ileus, both acute and chronic, and the chronic may suddenly become acute, as in the case just reported. Plastic peritonitis matting and angulating the bowels may cause acute ileus. Septic or suppurative peritonitis, with intestinal paresis and obstruction, is a not infrequent sequence, while the formation and adhesions and

their ultimate contraction is a not infrequent source of acute and chronic ileus.

A case seen recently with his colleague, Prof. Moses D. Hoge, illustrates the fact that we not infrequently in appendicitis have marked symptoms, with slight macroscopic changes in the appendix. This young man had had one or more acute attacks, and for some months had been suffering constantly from chronic appendicitis. A section showed a surprisingly slight amount of damage to the appendix and surrounding structures. The appendix was unduly flexed and adherent to the cecum, but was but little changed, and in this, as in not a few other cases observed, the morbid change was so slight as to lead to the suspicion that a wrong diagnosis had been made.

This case further illustrates the fact that in many cases we can form no idea as to the damage done until a section is made. Mr. Treves emphasizes, and it is common experience, that one attack may do great damage in the matter of adhesions, while few, if any, may be found after a dozen attacks.

In striking contrast is the phenomenon, perhaps even more frequently met with, of extensive morbid changes in and about the appendix without alarming symptoms. He had more than once seen a normal temperature and pulse and natural faceal expression and soft, flat belly, and on section found a necrotic appendix. Time and again, with no local or constitutional symptoms, he has found, when operating during the interim of the attacks an abscess walled in by exudate. In two cases recently operated upon, both chronic in type, he had found tubercular infection of the appendix coexisting with tubercular peritonitis.

A case recently seen illustrates how difficult it often is to differentiate between appendicitis and salpingitis. The case had been variously diagnosed. A section showed both conditions to coexist, i. e., both tubal and appendicular infection. He can only explain the not infrequent coinfection of the appendix and right tube, ovary or broad ligament, and the less frequent occurrence of appendicitis in women by conceding the presence of the appendicular ovarian ligament of Clado. The lymphatic connection through this ligament explains the dual infection, while the additional vascular supply comes to the rescue when the feeble circulation in the appendix is threatened.

He wishes in conclusion to emphasize:

1. The frequent irregular course pursued by appendicitis, and consequently the number of surgical surprises it affords.

2. Our inability to ascertain which case is going to recede, and not advance from bad to worse.

3. That early operative interference is conservative, in that it limits the amount of surgery needed.

4. That the so-called operable case of not a few practitioners is, in fact, a case which has passed beyond the operable stage.

SATURATED SOLUTION OF POTASSIUM IODIDE.

By H. P. Hynson, Ph.G.,

Baltimore, Md.

READ AT THE SIXTEENTH ANNUAL MEETING OF THE MARYLAND PHARMACEUTICAL ASSOCIATION.

THAT so simple a preparation, as this is usually considered to be, should be made the subject of a query by your committee at once conveys the impression that there is doubt regarding the uniformity of its strength. Your committee simply asks for "an assay of variously-obtained samples," and does not suggest whether variations in strength occur, because potassium iodide is one of the more expensive chemicals or in consequence of improper methods of preparation. It matters not, however, what the cause may be, the results are equally interesting to the prescriber. I trust I may be pardoned for expressing the opinion that the great differences hereafter shown are due to improper preparation, rather than to cupidity on the part of the dispenser.

For many years it was my custom to make this solution by adding the powdered salt to the given quantity of water until saturation was obtained. This was a tedious process, and did not always secure uniform results, owing to the variations in the temperature of the water, to

the reduction of temperature by solution and to the varying degrees of incompleteness to which the process was carried.

Having later learned from a number of prescribers that they expected each drop or minim of this solution to represent a grain of the iodide, and finding that 480 grains in the finished fluid ounce made a solution very nearly saturated at normal temperature, I adopted for making, say, a one fluid ounce solution, the plan of dissolving 480 grains of the iodide in five and one-half fluid drams of hot water, making up the quantity to eight fluid drams with water. This resulted invariably in a solution representing one grain in each minim, approximately in each drop. This plan, although simple enough and quickly accomplished, gives, of course, uniform results. A practical pharmacist will at once see of what little value the knowledge that potassium iodide is soluble in .75 parts of water will be, and into what mathematical intricacies he will be carried by attempting, in this way, to discover the amount of iodide required.

Quite a number of physicians prescribe this solution by specifying one ounce of the salt and one fluid ounce of water, and some of them, I am inclined to think, believe they will get a fluid ounce of finished product, when, in fact, they get about eleven fluid drams. I am confident few, if any, know the fraction of a grain that is represented by a minim of such a solution.

To ascertain data with which to answer the query I prepared a saturated solution under the most favorable conditions and another by the plan herein suggested; these I will designate as numbers 1 and 2, respectively. I then secured by purchase at stores located in the several sections of the city on prescriptions reading "saturated solution of potassium iodide, half fluid ounce," specimens which I will designate as 3, 4, 5, 6 and 7. It will be interesting to note that No. 6 measured nearly six fluid drams, and had evidently been prepared by adding a half-ounce of iodide to four fluid drams of water.

By titrating these solutions with decinormal solution of silver nitrate, using potassium dichromate as an indicator, the following results, showing percentage of iodide in each solution, were obtained:

No. 1, 60.5.
No. 2, 60.
No. 3, 59.5.
No. 4, 56.
No. 5, 53.
No. 6, 40.
No. 7, 34.

By evaporation, to verify titration, using Nos. 1 and 7, I obtained 59 per cent. of salt from the former and 34 per cent. from the latter. One of the solutions, No. 3, was considerably discolored, showing impure material or careless preparation. This tendency of the solution to liberate iodine might, I believe, be overcome by the addition of a very small quantity of hypophosphorous acid.

The investigation I have made clearly shows, I think, that there are great variations in this simple preparation. It is also shown that the plan I suggest offers practically a saturated solution. This whole matter would be simplified and the difficulties overcome in a prescription specifying, for an ounce solution, 480 grains of the salt and water "q. s. ad." one fluid ounce.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHOPEDIC SURGERY.

MEETING HELD MARCH 18, 1898.

Dr. R. Whitman presented a case of "Congenital Dislocation of the Hip" in a little girl of two and one-half years of age, on whom he had operated for congenital dislocation of the left hip when she was eighteen months old. The method followed had been the bloodless operation of Lorentz, and the plaster of Paris bandage had been finally removed last November. In the absence of any trace of deformity or disability it was impossible to detect any difference between the two sides, and the cure was evidently perfect. He thought it was the first cure attained by this method in New York.

Dr. T. H. Myers reported that he had seen last week the girl on whom he had operated at the age of three and one-half

years in January, 1895, by the method of Paci. The joint was firm, with no telescoping. There was no limp, and the child runs, jumps and hops with perfect freedom. He thought it was the first successful application in this city of Paci's method.

Dr. A. M. Phelps said that in the patient exhibited there was a perfect reduction, but it was probably a case of dislocation at birth in a child in whom the acetabulum was normal. He did not believe that the bloodless, forcible reduction was a good method. After a child had passed the second year the head was developed, the acetabulum was undeveloped and the capsular ligament was drawn out and constricted like an hour-glass, making reduction mechanically impossible. There was no reduction, simply the conversion of a posterior into an anterior dislocation. The only way was to make an acetabulum and put the head of the bone into it.

Dr. G. R. Elliott said that the acetabulum in these cases was fairly developed in children up to four years of age. The head was felt as it was forced over the border of the socket; it was felt to be retained and it could be easily dislocated again. If it was retained by fixing the limb at a proper degree of abduction it could not get out of its position, being held by the ligaments and muscular structures, and the probability of its leading to a more perfect acetabular development was greater than after an operation in which the ligaments and muscles had been cut.

Dr. Whitman said that the head of the bone was capable of making an acetabulum and that a rudimentary acetabulum existed in nearly all cases, as was proved by the observation that when the head of the femur was pushed in place it stayed there. When the dislocation was anterior, which was not usually the case, the bone should be twisted around.

Dr. Whitman also presented a case of "Coxa Vara" in a boy eleven years of age, who had the waddling gait and lordosis of congenital dislocation of the hip. It was, however, a case of double coxa vara, with prominent and elevated trochanters. There was free flexion and extension, but limited abduction. There was no pain or discomfort. Both femoral necks were depressed beyond a right angle with the shaft, but not bent backward; consequently there was no eversion of the limb, otherwise the signs were typical. The trouble began when the boy was four years old, and had its origin in rickets. He has been treated for hip disease at intervals for six years. Dr. Whitman had seen several cases in children, one of whom was but two and one-half years of age. The affection is, therefore, not limited to adolescence.

Dr. B. F. Curtis presented a patient with "Deformity of the Tibia," on whom he had operated for anterior bowing of the tibia. The patient, a girl of twelve years of age, had been presented and the case discussed at the meeting of November 19, 1897. (See the MARYLAND MEDICAL JOURNAL, January 8, 1898, pp. 224, 225.) At that time the tibia was three inches longer than that of the sound leg, and the circumference of the leg was one and one-half inches more than that of the other. The general health had been poor, probably the result of pain. A skiagram showed thickening, with some irregularities in the enlargement and an almost complete disappearance of the epiphyseal line, due to pressure. The diagnosis had been undertermined. Sarcoma, syphilitic osteitis, necrosis, with a sequestrum, and abscess of the medullary cavity had been suggested and considered. After rest in bed for a month and the administration of iodide of potassium the tenderness had disappeared and the general health was much improved, and it became more evident that the local affection was of syphilitic origin. On January 6 the fibula was fractured and the tibia straightened and shortened by the removal of a wedge measuring over an inch posteriorly and two inches on its anterior surface. The bone was found to be roughened on the surface and the central canal had disappeared. The bone was hard, but not so hard as cortical bone in the adult. It was of the same consistency all the way through, and was pronounced by a pathologist to be normal in structure. The subcutaneous soft parts were so voluminous that the skin was with difficulty

made to cover the wound. Later two long incisions were made on either side of the wound and the skin was dissected up and drawn over the bone. Thiersch grafting was done on February 22. The result was a fairly good leg. The bone was of normal length and there was no tenderness. Ability to walk well had not been acquired, as the patient had been out of bed only a week.

Dr. T. H. Manley said that the gross appearances were those of malignancy limited to the hard tissues, but with an obvious tendency to infiltrate into and involve the soft parts. The osteo-plastic procedure had gained all that could be desired in reducing the length of the limb, but he believed that further trouble was sure to follow, and would be interested in the progress of the case.

Dr. Phelps believed that the condition was due to congenital syphilis.

Dr. V. P. Gibney presented a case of "Multiple Osseous Tuberculosis" in a boy whose previous history was rather obscure. Early in 1897 the left limb had been amputated for "consumption" of the knee. He had been under treatment since last May. There was a focus in the shaft of the left humerus, which had been operated on several times, and also one on the right elbow. In the latter had been found streptococci, staphylococci and micro-organisms resembling diphtheria bacilli, but no tubercle bacilli. Recently there had been beginning anchylosis of the jaw. A previous diagnosis of multiple sarcoma had been made, but it was more than probable that the foci encroaching on the joints were tuberculous.

Dr. Myers exhibited a "Radiograph Showing an Osteitic Area," which showed an area of diminished density within the head of the radius and increased density about it. A sclerosing osteitis probably surrounded the site of a caseous focus which had been curetted. After many trials this was the first success he had made in locating a diseased area by the *x*-ray.

Dr. Gibney showed a case of "Pott's Disease Treated by Forcible Reduction of the Deformity" in a boy twelve years of age who had had Pott's disease as long as he could remember. There had been no previous treatment. The kyphos had been very marked. On March 1, 1898, a moderate degree of force, under an anesthetic, had reduced the kyphos a good deal, the parts yielding easily, and the plaster of Paris corset was applied in the prone position from the pelvis to the axillae. He was kept in bed for three days much against his wishes, and since then has been playing about the wards. There was absolutely no reaction. Another boy, six years of age, was presented wearing a plaster of Paris corset after forcible reduction of a well-marked kyphosis. Previous treatment had been by apparatus, jackets, etc. The disease, in the dorsal region, had been long since arrested. The projection had been considerably diminished by an amount of force not greater than in the first case. During the operation his respiration became rather labored and the anesthesia was discontinued. The only reaction was a slight slowing of the pulse after the operation and on one day since. These patients were presented to show that deformities can be materially reduced by this method without reaction or any immediate bad results. In after-treatment it was not necessary to fix the head and shoulders. If the plaster is brought well up there would be no recurrence. The English surgeons were advocates of the steel apparatus; they criticise the French, who put their patients up in cotton covered with plaster of Paris. There were plaster jackets and plaster jackets. If too much cotton were used a good fit would be impossible, the parts would recede and the jacket would become loose. If the plaster was properly applied it would give no trouble. The fear that forcible correction would induce tubercular action in the meninges or elsewhere was not well founded. In an experience of years in the forcible correction of deformities of the hip it had been the rarest thing in the world to get any dissemination of the bacilli.

Dr. Phelps presented a girl seven years of age wearing a plaster of Paris jacket after forcible reduction under ether of an extremely large kyphos. The disease had been of four and one-half years' duration and was between the sixth and

ninth dorsal vertebrae. A jacket had been worn for four years. The operation seemed very cruel and had been undertaken with fear and trembling, only partially dissipated by the favorable reports of French operators. The kyphos had been nearly all reduced after so much snapping and cracking that it was thought the child's back was broken. There was no reaction, and the patient was up and about in less than four days. The procedure was applicable to the early stages of the disease. In the presence of a large kyphos or anchylosis or abscess it was a dangerous method.

Dr. W. R. Townsend related a case in which an inconsiderate resort to this operation would have been disastrous. A girl three and one-half years of age was under treatment upon an open frame for disease in the upper dorsal region. There was a cough and impeded respiration and other symptoms of bronchitis, followed rather suddenly by asphyxia and death. Autopsy showed a retro-pharyngeal abscess in the median line directly over the vertebral column and extending to the right. There was no pressure on the trachea, which was normal in size and not flattened. Numerous enlarged glands had pressed on the recurrent laryngeal nerve and caused paralysis of the vocal cords. The second dorsal vertebra was so much diseased that the finger was pushed right through to the spinous process. Forcible reduction would have ruptured the abscess or done some damage to the bone. The dangers of the operation were readily realized. The procedure might give good results in suitable cases, but it should be well tried before being widely recommended.

Dr. Myers had not as yet heard of any cure as the result of this procedure. The cases should be very carefully selected and care taken to ascertain that no abscess was present. The operation was dangerous, and results should be waited for before the method should be commended at all. The protection given to the spine after the operation should be most perfect.

Dr. H. L. Taylor could not think well of this method without the light of further experience. The tendency had been to make the procedure much less radical than it had been at first when reduction of the deformity sometimes called into action all the strength of the operator, with perhaps resection of the projecting spinous processes and in suitable cases excision of wedges of bone. In some instances the spinous processes were wired together after reduction, and it was considered important to incase the head and the pelvis in the plaster of Paris jacket. With the obvious tendency towards simplification of the treatment, it remained to be seen how much of the original operation would remain after the method had been well tried. It was safe, thus far, in the hands of experts, but it would be dangerous to encourage the general practice of the method.

Dr. R. H. Sayre said that if the diagnosis were made before the kyphos appeared there would be no necessity for this operation. He thought that if it could be determined in advance which cases could be straightened without damage this operation could be readily accepted. In some cases there were no vertebral bodies left and the column was held together by the spinous and transverse processes. In other cases the bone was so diseased that forcibly straightening the spine would produce gaps between the vertebrae, leading to the production of abscesses. It was extremely doubtful whether this method should be employed. In any event the cases should be most carefully selected, and there should be no elevation of temperature and no morbid action present.

Dr. Manley thought that the forcible correction of this deformity in appropriate cases was justifiable, to be followed by some form of thoracic support after correction.

Dr. Elliott said that two cases of forcible correction, followed by death, had been recently reported in the *British Medical Journal.*

Dr. A. B. Judson had seen no reason for not being satisfied with treatment by the use of the steel brace. Patients with Pott's disease suffered so much inevitable daily traumatism in standing and walking that the injury accompanying the method under discussion would not

seem to be necessarily fatal or even dangerous. The question was whether it was wise to add to the unavoidable and habitual traumatism. If we could restore the curves and strength and mobility of the spine almost any treatment would be accepted. But it could not be hoped to carry recovery to that desirable point. Moreover, it was very doubtful whether consolidation would come to our aid at the opportune moment to secure the improvement in shape made by the forcible reduction.

Dr. Phelps had looked up the literature of the subject. On the one hand it had been stated and demonstrated by radiographs that bone had been reproduced in cases in which there was wide separation after reduction, and one operator had reported 204 cases, with no deaths and no accidents. On the other hand, other operators had reported many relapses, sometimes with paralysis, a number of deaths had been reported, the kyphos had been reduced in a cadaver, with rupture of an abscess, and in another subject with fracture of a vertebra. Some investigators are enthusiastic in favor and others condemn in round terms. Although there was probably a field for operation, it was necessary to proceed slowly.

Dr. Gibney said Dr. Townsend's patient was an exceptional one. Most patients seen offer no contraindication to the operation. He had not found that patients with a deformity of the spine were cheerful at the prospect of going through life with it. They were morose and felt that Nature had treated them harshly, and it was necessary to do something for them. If he had a child with such a deformity he would welcome almost anything which promised relief. He understood the dangers of the operation and was opposed to its wholesale performance. While fully appreciating the importance of what had been said, he thought that clinical facts were also entitled to weight. He believed that deformities could be materially reduced by the method, but that it should be done gradually at several sittings rather than all at once.

Dr. Gibney also presented a patient with "Lateral Curvature Treated by Forcible Reduction;" a girl fourteen years of age affected with lateral curvature of the spine, whose parents had urged that something be done to correct the deformity, being willing even to have a section done. Under an anesthetic a twisting motion was employed for some five or ten minutes, and the patient was then put into plaster of Paris. She was treated three times. There had been no reaction. She had gained one and three-fourths inches in height and the back was in a much better position than it had been before.

Dr. Townsend presented a patient with "An Unusual Case of Pott's Disease" in whom the deformity had not been attended by symptoms. The patient was a girl eleven years of age. Two weeks ago the mother, when giving the child a bath, had for the first time noticed a projection, which, on examination, was found to be at the tenth and eleventh dorsal vertebrae and so sharp that the case did not seem to be a favorable one for forcible reduction. The child was in good health and had had no pain or any other symptom and no history of illness. She was extremely active and could stand any amount of jarring. Excepting near the kyphos the spine was very flexible. There was also at the site of the projection a slight deviation to the right, but no sign of rotation.

Dr. Gibney recalled the case of a patient who, without pain and with no history of symptoms, presented a similar deformity of apparently rachitic origin. He had intended to apply forcible reduction.

Dr. Myers presented a boy seven years of age with Pott's disease of the third and fourth dorsal vertebrae, complicated with an abscess discharging in the neck behind the right sterno-cleido-mastoid muscle. The treatment had illustrated the effect of the supine position in securing good drainage. The spine had been protected by a brace, but the discharge was profuse and the temperature varied between 100° and 103°. When he was placed supine in bed, without a pillow, in two weeks the temperature dropped 2°. He was then allowed to leave his bed and the temperature soon rose to the former level. He was then returned to bed and

the temperature subsided as before. The discharge gradually decreased, and when it had nearly ceased he was allowed to be up. His general health was entirely restored and there had been no discharge for several months.

Dr. Townsend presented a girl three years of age with Pott's disease of the upper cervical vertebrae. There was an abscess the size of a hen's egg extending around the outer side of the sterno-cleido-mastoid, about half being deep-seated, the remainder superficial. Two-thirds of the abscess was posterior to the muscle, and over the swelling were a number of enlarged veins. The patient had been put on a frame, and the abscess would be opened without undue delay by an incision back of the muscle.

Dr. Phelps urged the importance in similar cases of early operation to prevent rupture into the pharynx and the occurrence of tuberculosis from the flowing of the infective material into the larynx during sleep.

Dr. Taylor presented a man, forty-seven years of age, with "Malignant Disease of the Spine," in poor general condition and giving a history of very severe pain in the lower part of the back for eight months. In that time he had lost much flesh and had been disabled by limitation of motion in the lumbar region of the spine and difficulty in locomotion and other movements of the body. The upper part of the back was rounded and the spine of the first lumbar vertebra was prominent and deviated to the left. There was a well-defined area of sweating in the right loin, probably from invasion of a sympathetic ganglion and vaso-motor paresis. This symptom was not present in tubercular disease of the spine, but he had observed it before in cases of malignant spinal disease. Partial relief would probably follow the application of a jacket, and morphine would be given to control the pain.

Dr. Sayre suggested the use of the actual cautery to temporarily relieve the pain.

Dr. Elliott exhibited an "Apparatus for Forcible Extension." It was an instrument which he had devised for forcible extension, especially for the reduction of the congenitally dislocated hip. It was light and inexpensive, and consisted of a small rectangular frame about six inches wide and fifteen inches long. In the center of the long axis was an extension screw. To a cross-bar on this extension screw was attached preferably the ends of a skein of yarn which had previously been adjusted to the ankle of the patient. The frame could be affixed to any table or bed, and the force employed, the patient being firmly held by an assistant, could be regulated at will and, if desired, measured in pounds. The instrument, besides being used for reduction of dislocation of the hip as described, could also be conveniently used in the forcible reduction of the spinal column in cases of angular curvature, the proper adjustments being easily made.

Medical Progress.

The Cystoscope.—The cystoscope is a very useful instrument in the right hands, but it takes constant practice and experience to draw intelligent deductions from its use. Dr. B. D. Coates, in the Cleveland Journal of Medicine, writes that we may learn from its use:

"1. The condition of the vesical mucous membrane; the source and frequently the cause of hematuria.

"2. The condition of the ureteral lips, and whether urine is being conveyed from both kidneys to the bladder or not. If not, we may learn which of the two is the secreting kidney and observe the character of the jets of urine propelled from the ureteral cones, whether it be clear, murky or bloody.

"3. To collect the urine from each kidney separately for further examination.

"4. To satisfy ourselves as to an existing constriction or obstruction of the ureter which would aid in guiding us as to what course we should pursue.

"To decide whether one or both kidneys be affected and to what extent each may be involved is a question that always confronts the surgeon who contemplates operative measures. Providing no obstruction of the ureter exist whereby the catheter cannot be made to pass beyond, I know of no greater aid to, nor better

method of determining the character of the excretion, nor for estimating the quality and quantity of the excreting tissue that each individual living kidney possesses, than by using the modern cystoscope, with the ureteral catheter adjustment. It would seem that cystoscopy of today is no longer an experiment. The surgeon who contemplates operative measures in any doubtful case of vesical or nephritic origin, before deciding what course he should pursue would do well to exhaust the light that the modern cystoscope may throw upon the apparently dark field, often of obscurity, uncertainty and anxiety."

* * *

How to Prescribe.—According to the North American Practitioner medicines that should not be prescribed in powders can be classified into (1) those that absorb moisture readily from the air; (2) those which form a fluid in combination with other substances, and (3) those that are decomposed by the oxygen of the air and change color. In the first class belong the acid phosphates and their derivatives, the phosphoglycerates. These salts put up in powders liquefy in twenty-four hours; also sodium bromide, which is extremely deliquescent; crystalized calcium chloride; strontium chloride; ammoniac citrate of iron and ferricopotassic tartrate; piperazin and lysidin; chloral, dry vegetable extracts, and, in general, all products prepared by evaporation in a vacuum, especially desiccated peptones and extracts of animal organs. The second group includes the substances that alone are not affected by the air, but, combined, absorb moisture rapidly; such as antipyrine and sodium salicylate. The third group comprises the alkaline and ferroalkaline iodines and the aristols. A little trick that sometimes prevents trouble is to add a certain amount of liquorice powder or cinchona; also to keep the powders in an air-tight glass jar.

* * *

Nerve Disorders in Zymotic Diseases.—Two cases illustrative of the nerve disorders which attend upon zymotic disease are described in the Lancet. The underlying fever in each case was measles. In both a maniacal delirium was the most marked symptom. This condition appeared in one case as a sequel on the twenty-first day of illness, and was ushered in by mental depression and attended by hallucinations. This patient gradually recovered. In the other mental troubles appeared with the invasion of measles and were of similar character to those of the former case. With the appearance of rash, which was delayed till the ninth day, the nervous symptoms began to abate, but pneumonia supervened and proved fatal. The ages were thirteen and fourteen years respectively. If these data are worth anything—and they are supported by the experience of other observers—they teach the importance of the nervous element as a factor in the pathology and treatment of children's fevers. This is probably of more consequence at or about the period of puberty, though it can at no age be overlooked. It is likewise the more to be considered in connection with cases of delayed or "suppressed" eruption. In its therapeutic aspect it must necessarily remind us of the paramount value of measures to hasten the appearance of the rash and frequently also of a judiciously sedative treatment.

* * *

The Removal of Wax from the Ear.—According to the New York Medical Journal Alberto Ricci of Turin has ascertained that the solution of hydrogen dioxide possesses the peculiar quality of rapidly disintegrating the obstructive masses of cerumen in the ear. It suffices to pour into the meatus auditorius externus a small quantity of the solution and leave it for a few minutes in contact with the ceruminous plug. The latter is then most easily and safely removed by syringing with water, even though it were a hard concretion.

* * *

The Poultice.—The International Journal of Surgery says: "Discard the old and dirty poultice, a remnant of somber ages. Absorbent cotton or gauze, soaked in hot water and covered with protective, is clean, will remain warm just as long, is more easily prepared and more pleasant to the patient."

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MARYLAND MEDICAL JOURNAL.
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BALTIMORE, AUGUST 27, 1898.

Kitchen Bacteriology.

THIS is the latest fad for the bacteriologist. Dr. Jäger of Königsberg, says the *British Medical Journal*, has begun a course on this subject to show the effects of bacteria on food products when preserved and stored away for future use.

This seems a little amusing when it is known that long before bacteriology had become a full-fledged department of medicine, and before Koch ever dreamed of establishing a new school of this science, women all the world over used bacteriological methods in the kitchen and preserving-house, and put into practice a method which has only in recent years been thoroughly explained.

The thrifty and observing housewife too often noticed the mould on the tops of her jelly jars, imperfectly sealed, and soon knew enough to associate this foreign covering with the fact that the top of her jars were not tightly covered. The methods followed for many years has been to thoroughly clean the jar by heat and then to pour the preserved substances, while steaming, into the hot jars and then apply the covers, thus carrying on the process of sterilization as thoroughly as the modern bacteriologist would do.

While it is very praiseworthy for the intelligent woman to wish to know why she does certain things, and why a broken link in the chain of preserving results in spoiled matter, the so-called weaker sex has long ago drawn inferences to convince itself that some objects, wherever they came from, tainted the fruits put up, and carefully sealing prevented any harmful change.

It is a little like the cart before the horse when the modern bacteriologist sets out to teach woman what she knew long before modern bacteriology was brought to such perfection.

* * *

Prescription-Writing.

PHYSICIANS, as a rule, have, after several years of practice, a fair experience in prescription-writing, but unless they have had some instruction in compatibilities and combinations they too often make grievous errors, which their friends the pharmacists correct. The knowledge of the solubility of many of the most important drugs is, to say the least, very meager on the part of many a man experienced in the therapeutical power of those drugs.

In this issue Mr. Henry P. Hynson gives a hint on the solubility of a very familiar drug, the iodide of potassium. It is, as everyone knows, one of the most soluble chemical compounds in the pharmacopeia, and yet few have known that what is called a saturated solution is not easy to prepare, and when an ounce of the salt and an ounce of water is prescribed more than a one-ounce solution results. Even when hot water is used the salt goes into solution easily, but the result is not what is intended by the prescriber.

This shows that a course of practical pharmacy is needed in medical schools to give the physician some idea of the appearance of the various substances so commonly used and the changes that take place in them by combination with other drugs. The use of tablets and pills already combined by the manufacturer has simplified prescribing and robbed the physician of many a patient, but some prescriptions must always be made up fresh, and it is here that some knowledge of pharmacy on the part of the physician is essential.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 20, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	2
Phthisis Pulmonalis	..	14
Measles	2	1
Whooping Cough	3	1
Pseudo-Membranous Croup and Diphtheria.	23	8
Mumps	..	..
Scarlet Fever	2	1
Varioloid	..	..
Varicella	..	.
Typhoid Fever	20	2

Dr. Robert Hoffmann has returned from Europe.

The need of army surgeons is causing many good men to enlist.

Dr. Ambrose Morrison, a prominent physician of Nashville, is dead.

Virchow is an advocate for dropping Latin in the language of prescriptions and using the language of the country.

The Pennsylvania Society for the Prevention of Tuberculosis is about to build a hospital in Luzerne county, Pennsylvania.

Berlin is to have a new hospital in the extreme northern part of that city. It is to cost $3,000,000 and is to be finished in 1903.

The Paris Academy of Sciences has elected as correspondent in the section of medicine and surgery Prof. Ernst von Leyden of Berlin.

The Boston floating hospital is doing excellent work in Boston and is a great boon to the sick babies and mothers during the heated term there.

Louisiana is trying to have a law passed regulating the sale of morphia, opium and its preparations. Such a law should be enforced in every State and city.

In order to have a correct death rate for Baltimore only those actually dying in the city will be counted. Formerly anyone who was brought to Baltimore for burial was counted among the dead there, which is evidently unfair.

Dr. D. M. Devilbiss has been appointed health officer of Frederick county, Maryland, and also a number of vaccine physicians have been employed by the county authorities.

The City Hospital of Baltimore, under the College of Physicians and Surgeons, has been tendered the government for the wounded soldiers. It is very central and quite fitted for such work.

Koch, after absence for a year and one-half, has returned to Berlin and was heartily welcomed by a large assemblage of admirers. He has been investigating for the English government certain contagious diseases on the coast of Africa.

There is much confusion about a pure water supply for Baltimore, and between the reports of the health authorities and the attempts of the politicians and filter contractors to have a slice out of any money to be appropriated the public is very much in the dark as to the true state of affairs.

Dr. J. M. Wilkinson, a druggist and physician of Dover, Del., died at his home last week, aged forty-eight. Dr. Wilkinson was graduated from the University of Maryland in 1873 and was later resident physician there. He practiced in Kent county until 1894, when he went into the drug business.

The Pasteur monument has been erected at Paris at a cost of $80,000. Hahnemann, too, has had a monument erected to him in Washington, and yet the American Medical Association in all these years has been able to collect but about $8000 towards the $100,000 needed to erect a fitting monument to Benjamin Rush.

The foundation stone of the "Lung Sanatorium," which is to be built at Belzil, near Berlin, was laid on August 2 in presence of the chief members of the committee and many influential patrons. In support of the funds a public open-air *fête* was held on the 31st of August in one of the Berlin suburban parks.

Baron Henri de Rothschild, a member of the Paris branch of the famous financial family, has passed with distinction his final examination for the degree of doctor of medicine. M. de Rothschild's graduation thesis is founded upon observations made in a private dispensary, which he established for the treatment of infants, and was awarded a silver medal by the Academy of Medicine.

Washington Notes.

The new Sternberg Hospital at Camp Thomas has accommodations for 1200. A corps of Red Cross nurses are in attendance.

Dr. Edwin A. Gibbs, one of the medical examiners of the pension office, died last week. He formerly practiced medicine in Lexington, Va.

The sanitary condition of Camp Alger has been investigated by Majors Reed, Shakespeares and Vaughn, who will report upon their findings this week.

The new morgue at the sixth precinct station is now in operation. The structure is of brick, and is fitted with the latest appliances, including a modern disinfecting apparatus.

President McKinley has notified the Sisters of Mercy of Baltimore that the government has accepted the offer of their service as nurses on the field and in the hospitals during the war.

The American National Red Cross Society has been doing excellent service at the several army hospitals near Washington. They have been furnishing the much-needed supplies and delicacies for the sick.

Charles Holt, the colored smallpox patient who wandered about the city for a week before being discovered, is now convalescent at the pesthouse. No other cases have yet developed from contact with Holt.

General Wilson, in following out the orders of Congress to investigate the means necessary to improve the condition of the water supply of the District, has arranged to receive the history and latest information concerning the filtration systems adopted by the European cities.

Book Reviews.

THE COMPLICATIONS AND SEQUELS OF TYPHOID FEVER. By Wm. W. Keen, M.D., LL.D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia; Vice-President of the College of Physicians of Philadelphia, etc. Based upon tables of 1700 cases, compiled by the author and by Thompson S. Westcott, M.D., Instructor in Diseases of Children, University of Pennsylvania, etc. With a chapter on the Ocular Complications of Typhoid Fever, by Geo. E. De Schweinitz, A.M., M.D., Professor of Ophthalmology, Jefferson Medical College, etc. W. B. Saunders, 925 Walnut street, Philadelphia. 1898. Price $3 net.

In 1876 Dr. Keen delivered the fifth "Toner Lecture on the Surgical Complications and Sequels of the Continued Fevers," and in 1896 he delivered the Shattuck Lecture before the Massachusetts Medical Society on "Gangrene as a Complication and Sequel of the Continued Fevers, Especially Typhoid." The present volume of 386 pages is based upon the two previous lectures, greatly elaborated, and is the only complete treatise on the whole subject, and is especially timely since the discovery of the typhoid bacillus opens up a wide field for investigation. To those who have been accustomed to consider typhoid fever as a disease belonging exclusively to the domain of internal medicine it will be a great surprise to find the very extensive surgical complications which may occur, and Dr. Keen has done a good work in placing before us a comprehensive summary of these conditions.

Beginning with the pathology of these complications from a bacteriological standpoint, he proceeds to discuss the various complications and sequels themselves. Typhoid gangrene, affections of the joints, bones and abscesses are considered in considerable detail, taking up about one-half of the book. The remaining half is devoted to the more local complications, as those of brain, thyroid gland, larynx, esophagus and stomach, intestines, liver and gall bladder, spleen, sexual organs, eye and ear. One of the most important and most interesting complications of typhoid fever is intestinal perforation, from which many lives have been lost.

The treatment of this condition is entirely surgical, and to be effective must be instituted within the first twenty-four hours after the perforation. Laparotomy ought to be performed as soon as the primary shock has been overcome, usually in the second twelve hours, the perforation closed with sutures and the peritoneal cavity cleansed. Whilst any operation performed for a condition as grave as intestinal perforation must be attended with an enormous mortality, statistics show that 25 to 30 per cent. of recoveries result when the patients are subjected to laparotomy within the first twenty-four hours; after this time nearly all cases terminate fatally. In a city which is as subject to typhoid fever as is Baltimore it is to be hoped that this interesting subject of the surgical complications and sequels of typhoid fever may receive careful study from a bacteriological basis, and as a contribution to the elucidation of these problems Dr. Keen's book is very opportune.

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Original Articles.

CASE OF PSEUDOLEUKEMIA.

By William Milton Lewis, M.D.,
Baltimore.

During the latter part of June, 1897, Mr. P. came under observation, suffering from attacks of intense dyspnea, associated with severe pain in the head, chest and abdomen. Briefly stated, the clinical history is as follows:

The patient is a white man, German, married, no children. He is of magnificent physical development, and there is no emaciation, no cachexia and no apparent anemia. His height is about five feet ten inches and his weight 180 pounds. His age is thirty-two years; his occupation is that of an engraver; his habits are good; he does not use tobacco or alcohol to excess, and he has never been intoxicated. His meals are taken at irregular hours and he eats rapidly. His work is very arduous and his studies are frequently prolonged far into the night. There is nothing of special note in his family history; his father is dead, but the cause of death was not learned. His mother is living, about sixty years of age, and of a decided neurotic temperament; several brothers and sisters are living and in good health. He has no children. There is no history of tuberculosis in the family. He denies all venereal disease. He has been subject to severe and oft-repeated headaches, which have apparently resulted from overwork. Some months ago he had an attack of so-called "malarial fever." Of this attack nothing definite could be learned, except that the illness ceased after an extended treatment with quinine. During his present illness Dr. C. E. Simon was the first physician consulted. The following notes are condensed from clinical memoranda made by Dr. Simon at the time:

His illness began with most intense pain in the head, chest and abdomen; his temperature was exceedingly high (107° F.), pulse rapid, respirations hurried, jerky, occasionally sighing or gasping in character, but so irregular that they were with difficulty accurately counted. There was some nausea, no vomiting. The face was flushed, the conjunctivae injected, the pupils equal, marked insomnia, spasmodic twitchings of certain groups of muscles, particularly those of the abdomen, mild delirium, etc.

He was sent to the Johns Hopkins Hospital, where, within forty-eight hours, his temperature fell to the normal. At this time no evidence of malaria was found, though his blood was repeatedly examined. After his temperature had fallen and the other symptoms became somewhat less troublesome he was allowed, at his urgent request, to return home. Here, a few days later, his temperature again became elevated, though it never reached the extreme limit above noted. As Dr. Simon was about to leave the city for the summer, the case was now referred to the writer.

With the exception of a somewhat less marked elevation of temperature, his condition was practically that already noted. No malarial organisms could be found. A questionable Widal serum reaction was elicited, and a probable diagnosis of typhoid fever made, though no rose spots could be detected and Ehrlich's diazo-reaction was absent. No leucocytosis was present at the time of the examination,

but a differential count was not made. Physical examination of the chest revealed nothing abnormal in the condition of the thoracic viscera. The abdominal organs, with the exception of the spleen, were normal. The spleen, however, was slightly enlarged, palpable and tender.

There was no edema or inflammatory exudate, nor was there indication of pleural or peritoneal effusion. Particularly is it to be noted that no enlargement of the superficial lymphatic glands was anywhere present. His skin was morbidly sensitive to stimuli, and his cutaneous, as well as deeper reflexes, were greatly exaggerated. The slightest degree of irritation appeared sufficient to bring about a spasmodic contraction of the stimulated muscle group. Certain rhythmical spasmodic muscular movements were also noted in the muscles of the abdominal walls, which were transmitted to those of the upper trunk and limbs, also involving the diaphragm. These contractions took place at intervals of from one to fifteen minutes. Pain was present and was severe. It was more intense over the parietal and occipital regions; the head was retracted and considerable pain was noted in the posterior cervical region. The injection of the conjunctivae became extreme and the headache increased in severity. The eye-grounds were normal; pupils somewhat enlarged, but reacting both to light and accommodation; the hearing was normal and tinnitus was not noted. Around the left ear and over the left parietal region a marked degree of hyperesthesia was present.

A few days later his temperature again became normal; his other symptoms became distinctly lessened in severity, his headache disappearing, and, with the exception of the spasmodic twitchings of the muscles of the abdomen and of the diaphragm, which still continued, though in a lessened degree, he had apparently become convalescent. This condition continued for three days, when another rise in temperature occurred, with an exacerbation of all the other symptoms, to be later followed by another subsidence. these rises of temperature occurred again and again, not, however, at regular intervals, and sometimes being ushered in with a chill, until two weeks later, when it was for the first time noted that the posterior cervical glands of the left side were becoming enlarged and tender. A careful examination did not disclose any other glandular enlargements. His sleep was much disturbed: his headache intense; diplopia marked; his excitement and nervousness became extreme, and it was thought better to again refer him to the hospital.

Here the diagnosis of malarial infection was made, the plasmodia being found in the blood, and the administration of quinine bringing about a prompt improvement in his condition, although the glandular enlargements did not diminish in size. The patient then disappeared from observation, and nothing more was heard from him until January of this year, when he returned, complaining of intense dyspnea and cardiac pain, together with enormous glandular enlargements. Starting with the enlargement of the posterior chain of lymphatic glands, the glands in the submaxillary and superior carotid regions were next involved. Later, the axillary and inguinal regions were invaded. The glands varied from the size of a pea to that of a pecan, were movable, and where the growth was not of any considerable rapidity no special tenderness was noted. Many of the glands, however, became enlarged from the size of a pea to that of a hazel-nut or larger in from twenty-four to thirty-six hours. These glands were always exceedingly tender. As the hypertrophy increased the glands, at first separate and distinct from each other, gradually became massed together, until those occupying the posterior cervical triangle formed, at the time of examination, a mass almost the size of one's fist, crowding the head to the opposite side. The enlargement of the axillary and inguinal glands, while considerable and interfering to no small degree with the free movements of the limbs, was by no means so well marked as that of the glands situated in the cervical regions.

At varying intervals (two or three days to as many weeks) attacks of most severe cardiac pain, which were exceedingly oppressive and which were accompanied

with dyspnea and a peculiar laryngeal cough, would ensue and the patient be unable to work for several days. Rapid walking, overexertion or a hearty meal seemed to bring on these attacks. At the time of his examination the following notes were made:

The patient is a powerfully-built, erect, well-proportioned white man, of German descent, height five feet ten inches, weight 180 to 185 pounds, not at all emaciated, no cachexia and no anemia evident. His eyes are somewhat prominent and rather overbright, with fairly wide-open pupils. The general facial expression is one of mingled discomfort and anxiety. His temperature is normal; the integument soft and without special moistness and with no evidence of any eruptive disease. Glandular enlargements of various sizes were noted, the largest being in the posterior cervical region. These masses vary in size from that of a small pea to that of the closed fist. The smaller growths seem to consist of single lymphatic glands, which have become hypertrophied, but which are freely movable beneath the integument, while the larger masses seem to be made up of large numbers of single glands gathered together into a conglomerate mass. These large masses are lobulated, firm, yet not attached in any degree to the overlying integument. The more recent of these hypertrophies are tender upon pressure, but no special redness or other indication of inflammatory disturbance is noted.

There are a few glands situated around the margin of these larger masses, which are also tender and which have been enlarging very rapidly. A mass of glands about the size of an English walnut is situated in the left axilla. It is freely movable beneath the integument and is not especially sensitive, the major portion of the discomfort arising from the obstruction to free motility by reason of its size. A similar enlargement exists in the left inguinal region. There is no edema, nor any swelling of the limbs or joints; no periosteal nodosities are recognized, and no varicose veins or cicatrices of healed ulcers are noted.

There is nothing abnormal in the condition of the buccal mucous membrane, no ulcers or apthous patches, gums firm, teeth regular, tongue clean, pharynx somewhat reddened, a little dry, but no difficulty in swallowing. The lips are of good color; the appetite is good and taste normal. A careful abdominal examination reveals nothing abnormal in the condition of the contained viscera, with the single exception of the spleen, which is somewhat enlarged. The liver is neither enlarged nor tender; there is no complaint of digestive disturbances, and the bowels are normal.

There is no mechanical impediment to the respiratory function, though the respirations are somewhat irregular and are frequently interrupted by a long sighing or gasping respiratory effort, which interferes with the normal respiratory rhythm. The lungs are clear on percussion, and auscultation in front and behind. There is a slight cough, apparently nervous in character, without expectoration.

The heart is not enlarged, and the sounds are clear; the rhythm is normal, and there are no indications of disease of the larger blood-vessels. The pulse is 80, regular and of good volume. There is no thickening of the walls of any of the superficial arteries. Upon puncturing the finger to secure a drop of blood for microscopical examination it is seen to flow readily, to be of a bright red color and to spread easily upon the cover glass.

Cover-slip preparations were dried in the air, fixed in absolute alcohol for thirty minutes, then stained twenty minutes in Ehrlich-Biondi stain and mounted in cedar oil. A careful differential leucocyte count showed a practically normal relation existing between the young and adult forms, but with a reversal of the normal proportions existing between the small and large mononuclear cells:

Small mononuclears	8.3 per cent.
Large mononuclears	22.1 " "
Polymorpho-nuclears and transitional forms	67.4 " "
Eosinophiles	2.2 " "

No nucleated red corpuscles or myelocytes were observed.

There is nothing of special interest in the condition of the urinary organs. The

kidneys are not palpable; the prostate gland is not enlarged, and he does not rise at night to empty the bladder. There is no stricture and no disease of the testes.

The urinary examination is as follows:

Twenty-four hours, amount	1300 cc.
Specific gravity	1.015
Reaction	acid.
Albumen	none.
Sugar	none.
Indican	normal.

Uric acid little, if at all, increased. A quantitative examination was not made.

He is considerably above the average mentally, is quite intelligent, but is very excitable and nervous and sleeps poorly. His gait is staggering; the reflexes are much exaggerated, and there is considerable pain in the chest, throat and head. His headaches are severe and last for several hours at a time. He has no convulsions, but a quite decided tremor is present in the hands. There is no disturbance of general sensation, of speech, or of any of the organs of special sense.

Six weeks later the patient was again seen and a second differential leucocyte count made, with the following result:

Small mononuclears	28.0 per cent.
Large mononuclears	20.8 " "
Polymorpho-nuclears and transitional forms	48.8 " "
Eosinophiles	0.0 " "
Myelocytes	2.0 " "

One normoblast was observed during the counting of 500 white cells. A blood count made at the same time showed the presence of 4,730,000 r. b. c. and 18,750 w. b. c. per cubic millimeter. There was no noticeable poikylocytosis, the red blood cells being quite uniform and not specially pale. The hemoglobin per cent. estimated by the method of von Fleischl was sixty, thus giving a color index of two-thirds. Fibrin formation was not specially increased. No evidence of malarial infection was observed either in the presence of the plasmodii or of pigment granules within the leucocytes.

Neusser's perinuclear basophilic granules were present in fairly large numbers.

All small mononuclears and transitional forms contained granules in varying numbers. The granules were also present in 50 per cent. of the eosinophiles and in about 16⅔ per cent. of the large mononuclears.

A quantitative estimation of the urine was as follows:

Twenty-four hours, amount	1330 cc.
Specific gravity	1.015
Reaction	acid.
Albumen	none.
Sugar	none.
Indican	normal.
Uric acid	0.8044 gms.
Uric acid, nitrogen	0.2681
Urea	16.6250
Urea, nitrogen	7.7470
Alloxur bodies, nitrogen	0.4469

Taking into consideration the very considerable glandular involvement, the only moderate splenic hypertrophy and the rapid onset of the disease, one might allow himself the diagnosis of lymphatic leukemia did not the blood examination entirely negative any such conclusion. Early in the disease only a very slight alteration in the condition of the blood had taken place, the large mononuclears being increased at the expense of the small elements, leaving the proportion between the young and adult forms unchanged. A later examination showed a slight leucocytosis, with the small mononuclears about normal, perhaps a little more numerous, while the large mononuclears were considerably increased in number, yet not so numerous as in the first examination. The adult cells had become somewhat diminished. Only a few myelocytes were observed, and but one normoblast in the count of 500 leucocytes at the second examination, while none were seen during the first count.

Owing, then, to the presence of only a very moderate degree of leucocytosis and of almost no myelocytes or nucleated reds the diagnosis of leukemia is eliminated. Leukemia, whatever may be its cause, is essentially a disease characterized by the presence of a greatly increased number of myelocytes or lymphocytes in the blood, according to the type of the disease present.

The blood in Hodgkin's disease, however, presents for a considerable time no marked departure from the normal picture. True myelocytes may be present, nucleated reds may be observed, and a varying degree of leucocytosis may accompany the progressive anemia here existing, but these changes never reach the

advanced degree which are early noted in cases of true leukemia.

That the glandular enlargement could be due to a tubercular process does not seem probable in view of the fact that no tubercular foci were elsewhere discovered, nor was there any history pointing toward a possible constitutional predisposition to tuberculosis. Then, again, the number of glands involved in the case under discussion would speak against the diagnosis of tubercular infection. That the condition could be one of simple secondary adenitis was not thought possible, because of the entire absence of any exciting cause. Again, the blood changes present were not those which are characteristic of inflammatory disturbances.

Multiple sarcomata attacking the glands might account for the condition here present, but this is such a rare occurrence that it may be eliminated.

In the present case the association of such enormous glandular enlargement with only a moderate degree of pathological alteration in the blood furnishes the basis upon which the diagnosis of pseudoleukemia, or Hodgkin's disease, rests.

As a result of the administration of Fowler's solution the enlarged glands were somewhat decreased in size and the patient's general condition considerably improved.

NOTE.—The subject of this report has since died.

THE ANESTHETIST A SPECIALIST.

By E. T. Duke, M.D.,
Cumberland, Md.

SOME years spent in the study and administration of anesthetics, both in hospital and private practice, convinces me of the fact that the person performing this important duty should be specially qualified for it by study and experience. The ability of many good surgeons counts for little when the anesthetic is in the hands of an inexperienced person. This fact is well known, but so far nothing has been proposed to remedy the difficulty.

A skilled anesthetist in every city and town, and in convenient points in the country districts, would answer the need. A theoretical knowledge of anesthetics and their administration is not sufficient. Just as a surgeon becomes skilled by constant performance of surgical operations and attention to the little details of his work, so the anesthetist by daily experience becomes perfect in his specialty, and is able to perceive intuitively the danger signals of anesthetic narcosis and employ means to avert serious results. It is this skill acquired by constant practice, coupled with study and a desire to excel, that constitutes the ideal anesthetist.

The surgeon knowing the anesthetic is in skilled hands is relieved of any responsibility on that score, and is thereby enabled to accomplish better results. Particularly is this true in private practice, where hospital facilities are not available, and the surgeon is otherwise hampered in his work. In this class of work the anesthetist stands next to the surgeon in point of responsibility, and it is especially important that he should be qualified. As long as the anesthetist is made to feel his inferiority, so long will he remain an inferior person. The recognition of his importance to patient and surgeon will stimulate good men to remain in or adopt this important branch of surgical work as a specialty.

In hospitals an examination of the heart, lungs and kidneys is routine practice before anesthetics are given, but this is the exception in private practice. The work may be properly done by the anesthetist and his opinion may be given as to what anesthetic to use.

Each patient should be given the one best suited to the particular case. The regular use of one anesthetic to the exclusion of all others is certainly based on a narrow view of the subject, and prevents the attainment of the best results.

Chloroform is undoubtedly the best for infants and children when no contra-indications exist. The fright caused by the exclusion of air in ether administration in children is great, and chloroform may be given with perfect safety. The A. C. E. mixture is very useful, and especially good in cases of heart disease with want of compensation. My experience with it has been very satisfactory.

Ether is undoubtedly safest in cases re-

quiring prolonged anesthesia. It is contra-indicated where there is a tendency toward pulmonary congestion. In prolonged cases where there is a tendency toward a weak condition of the heart the substitution of ether in place of chloroform is good practice. The employment of nitrous oxide first, followed by ether or chloroform, has been practiced in some of our hospitals.

Hewitt of London suggests a plan of combining the use of nitrous oxide, ether and chloroform in succession. The first rapidly destroys consciousness and prevents struggling. Ether is useful because the circulation will remain unimpaired; chloroform because of the quiet and deep anesthesia it induces, and because of the rarity of bronchial and pulmonary after-effects.

When ether causes embarrassed breathing or the secretion of much mucus, a change to chloroform should be made, but not until the conjunctival reflex has returned. Hewitt says this change should be made in abdominal operations before the incision.

Hill and Barnard state that deaths which take place early in chloroform narcosis are usually due primarily to rigidity, struggling and holding the breath; secondarily, to a considerable quantity of the anesthetic being taken in during the violent respirations, so that the right heart, already overfull, is paralyzed by the chloroform carried to it.

It is just here that serious results follow if care is not exercised. At this period in administering chloroform the patient should be allowed air, and the vapor of the anesthetic should be dilute. I have seen alarming symptoms follow the failure to observe this caution. The most frequent mistake made is in pushing the chloroform too rapidly at the beginning of its administration. I have seen some cases where the patient showed an alarming condition at the start in using chloroform, and other anesthetics had to be substituted. In these cases a precipitate use of the chloroform might have resulted fatally. It is, of course, understood that the more rapidly the patient is anesthetized the better, provided due caution has been used.

The care of the patient immediately after an operation is important. Failure of the pulse and respiration should be guarded against by use of heart stimulants, the best being heat externally and strychnine hypodermically.

Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHOPEDIC SURGERY.

MEETING HELD APRIL 22, 1898.

Dr. R. H. Sayre read a paper on "The Treatment of Rachitic Deformities." Patients affected with well-marked rachitic deformities would not "outgrow" them. Treatment should be active and should vary with the pathological stages of the affection. In acute rickets cod-liver oil would be of great benefit, and phosphorus in the elixir of the National Formulary would yield good results, given three times a day in doses as large as the fiftieth of a grain. When the bones were soft they should be subjected to manipulation and the child should be kept in the recumbent position, which is best done, if there are spinal deviations which require special attention, by the use of wire cuirass. The two great aids of fresh air and sunshine would thus be invoked and would be not less effective than treatment by the use of drugs. Instruments should be applied in order to retain the improved position secured by manipulation. In decided knock-knee or bow-legs, if the bones are not too hard, the deformity might be corrected by the plaster of Paris bandage, changed in shape and in the degree of its pressure from time to time by cutting out a section of the plaster at the point of greatest deviation, inserting a wedge in the cut and applying additional plaster to retain what is gained. In similar cases of coxa vara depending on a rachitic process in adolescence the deformity could be overcome by traction in the recumbent position. When eburnation was established efforts to correct deformity by manipulation or by instruments would be a waste of time, and the osteoclast or the chisel should be used, the latter when the division was to be made near

a joint and the former when the force was to be applied at a point an inch or more removed from a joint. In some extremely rachitic subjects non-union followed an operation from delayed formation of new bone-cells, due to eburnation and impaired nutrition. A not uncommon manifestation of rickets was seen in pigeon-toes, the result of an instinctive turning in of the toes to avoid receiving the weight of the body directly on the weakened tissues of the foot. Injudicious efforts to induce the toes to turn out might lead to flat-foot and increase the usually present tendency to knock-knee.

Dr. S. Ketch had used phosphorus in the treatment of rickets for twenty years with excellent results. He preferred a compound syrup of the hypophosphites containing lime, iron, potash and soda, without strychnine. Manual force was of benefit in nearly all cases, especially when the patients were off their feet. When they began to walk gratifying results follow the employment of the usual bow-leg and knock-knee apparatus. Unless there were exceptional reasons for protecting the spine, he would not use any restraining apparatus like the cuirass for recumbent patients. Time should not be wasted in waiting for the patient to "grow out" of the deformity.

Dr. A. M. Phelps said that at the beginning of the treatment the patient should be taken off his feet, and, if the bones were not hard, we should bend the bones, producing, perhaps, a green-stick fracture and thus straighten them by manual force. Bones that had become sclerotic required osteoclasis or osteotomy. The latter should never be done in children under twelve years of age unless demanded by some unusual condition, and in all cases osteoclasis should, as a rule, be preferred to osteotomy. Non-union was found only after osteotomy, and it was attended with some danger; deaths have been reported, whereas these accidents never occurred from osteoclasis.

Dr. Ketch opposed operative procedure in the early stage. The experience of the past and of the present day showed that manual force and mechanical treatment were sufficient to effect a cure. A speedy rectification of the deformity by an operation was misleading, because the time required by the mechanical treatment after the operation was as long as it would have been if no operation had been done. In no way, except mechanically, could the child be protected against a return of the deformity.

Dr. A. B. Judson said that in orthopedic practice operations should, as a rule, be avoided. The patients were children and the question of time was unimportant. If pressure were applied in the direction opposite to the deformity and due time and attention were given the natural growth was a curative agent. If treatment were begun early and the patients were taken off their feet the deformities of rickets especially were curable by mechanical methods alone.

Dr. R. Whitman said that the slight deformities of children should receive more attention than was customary. He had observed that pigeon-toes were, as a rule, symptomatic of rachitic knock-knee or flat-foot and represented an effort of nature to restrain deformity. Many cases of coxa vara had their origin in infantile rickets. The deformity of the femoral neck was latent in childhood. During adolescence the neck, being, from its depression, subjected to greater strain, gave way and deformity and disability followed. In the same way adolescent knock-knee was in many instances an exaggeration of a slight deformity in infancy. In extreme cases of coxa vara he thought that restoration of abduction by division of the neck of the femur was generally required and that in any kind of a case simple extension would not often be effective.

Dr. C. N. Dowd said that after osteotomy above the femoral condyles he had found that the corrected position could be perfectly maintained by carrying the plaster of Paris to the upper part of the thigh instead of enclosing the thorax. A towel was put between the knees and the feet were tied together. Cleanliness was thus promoted, and the children sat up in bed, ate in comfort from a tray and could play with toys without interfering with treatment during the period when the bone was uniting.

Dr. Whitman preferred the double spica

of plaster of Paris, which ensured absolute fixation, and in the routine of hospital treatment had not entailed undue inconvenience or unpleasant consequences.

Dr. Sayre said that an early diagnosis, followed at once by active treatment when the tissues were soft and ready to yield to moderate pressure, would prevent a great deal of trouble at a later stage when eburnation would require that the deformity be reduced by forcible procedures. He thought that a child could not be kept in bed very well without some little apparatus. If the cuirass was objectionable, put on a pinafore and fasten it here and there to the bed and thus bring the child to anchor. In serious cases the cuirass or Bradford's frame was a great convenience. Children in them are like little wooden images, and they live in them for two or three years, are happy and comfortable and have their toilet made without any great bother to the nurses. Apparatus was very useful to hold the bones in position after they had been brought to a straight position, but to bring them to a straight position apparatus was not nearly so efficient as putting them up in plaster of Paris. It was simply a question of leverage, and he had found that leverage was more accurately applied by the use of plaster of Paris than by any other means.

Dr. G. R. Elliott exhibited "A Specimen of Congenitally Dislocated Hip," which was removed from a child seven years of age. It showed congenital dislocation of the right hip. During life there was one inch of shortening of the right lower extremity, with eversion. Post-mortem findings: Gluteal group of muscles somewhat shortened; pyriformis muscle one-half inch shorter than its fellow and reduced to a tendinous band; abductor group of muscles somewhat atrophied; the neck of the femur of the affected side was very short, the upper part of the bone consisting chiefly of head and great trochanter; displacement upward and forward. Capsule thickened, shortened and intact; head of bone fairly normal and synovial surface in good condition; ligamentum teres lengthened, but size apparently normal; acetabulum to be examined and reported upon later.

Medical Progress.

The Action of Drugs in Children. Diseases of children form such a large part of every practice that any fresh light on this subject should be very acceptable.

Dr. J. B. McGee, in an excellent paper on the subject in the Cleveland Medical Gazette, says that while as few drugs as possible should be given to children, when indicated they should be used freely. We should know what a drug cannot do as well as what it can do. In most children the tendency towards recovery in slight ailments is very strong. Medication should be simple.

Medicine eliminated rapidly should be frequently repeated; such are alcohol, nitroglycerine, the ammoniacal salts, aconite and belladonna. Digitalis is cumulative and should be given at wide intervals. Pills and powders are not easily taken by young children. Active principle and remedies in small bulk are to be preferred. Salol and sulphonal in pill or tablet may pass through the intestinal canal intact. Glycerine is a better vehicle than syrup, especially in summer.

With the exception of opium and its salts, larger doses may be given than is usually stated. The salts of sodium are to be preferred to those of potassium. Care is necessary in giving opium, and with the exception of paregoric, one drop of which for each year is a safe dose. Dover's powder should not be given to children. Chloral is a good sleep-producer. The bromides are very slowly eliminated. Sulphonal and trional are safe hypnotics for children. Belladonna is exceptionally well tolerated in children, and may be given in two-drop doses for each year, and even sixty drops a day have been given to a child two or three years old.

Alcohol is one of the best heart stimulants and seldom disagrees with children. Strophanthus is to be preferred to digitalis. Caffeine and cocaine are not well borne, but strychnia is. Children stand the preparations of mercury and arsenic well. Cold is a good antipyretic, but phenacetine and acetanilide may be used, and also quinine in malaria.

Hoarseness in Singers and Speakers.—Hoarseness is a very common symptom and usually the first one complained of in a beginning bronchitis. Most persons wish prompt relief, and especially do the singer and speaker, whose voice is their stock in trade, so to speak. With them, says Dr. F. A. Bottome in the New York Medical Journal, time is an important element, not of days and weeks, but of hours. The stage is usually a cold, draughty place, while the dressing-rooms are close and warm. Dr. Bottome prescribes a hot mustard bath, followed by rest in bed; ten grains of calomel to robust patients, full doses of aconite, cold externally and nose sprays. During this time the patient must keep quiet. In twelve to twenty-four hours the patient should get up, be rubbed with alcohol and take the tincture of iron; after this local astringents should be used. Now the voice may be tested and then again rested. Occasionally treatment between the acts is necessary.

* * *

Pesssary in the Uterus for Fifteen Years.—R. de Bovis (British Medical Journal) places on record the case of a woman, aged seventy-six years, who had long suffered from leucorrhea. It was thought from her age and the fetid nature of the discharge that cancer of the uterus existed. In the vagina a metallic stem was found passing into the cervical canal, and the patient recollected that fifteen years previously a pessary had been inserted for prolapse. It was found impossible to withdraw the pessary, as the disc portion of it was imbedded in the cervical tissues. A transverse incision was made in the anterior vaginal fornix, the bladder was stripped off, and then the cervix was divided with scissors in the median line and the foreign body removed. There was purulent endometritis, and so douches were used and the vagina packed with iodoform gauze. There was complete recovery. The pessary must have been sucked into the uterus.

Infantile Scurvy.—The American Pediatric Society's collective investigation of infantile scurvy gives the following minority report:

"1. From a study of this report and from due consideration of other known facts, scurvy appears to be a chronic ptomaine poisoning due to absorption of toxines.

"2. It follows the prolonged use of improper food, and abnormal intestinal fermentation is a predisposing factor.

"3. Sterilizing, Pasteurizing, or cooking of milk food, is not, *per se*, responsible for the scurvy condition.

"4. A change of food and the administration of fruit juice and treatment of any underlying cause is the rational therapeutic procedure in scurvy."

* * *

Climate and Tuberculosis.—Dr. Henry B. Deale of Washington, D. C., in an article in the Philadelphia Medical Journal on the above subject, thus concludes:

1. Damp, cold, or to a less degree damp, warm climates of low altitudes are decidedly injurious.

2. Cool climates of moderate elevation and a certain amount of humidity of air and soil are less injurious and in some cases of slight benefit.

3. Dry, warm climates, with high elevation, are beneficial.

4. Dry, cold climates of high altitudes are of the greatest benefit.

* * *

Thyroid Extract in Gynecological Affections.—Sachs (Kromka Cekarska.; La Gynécologie, April 15, 1898) used tablets containing four and one-half grains of the extract, one being administered daily at first, the dose being increased to four within a few days. No ill effects were noted. Dysmenorrhea and hemorrhage were the indications followed, but the results were unsatisfactory. In no instance was any improvement noted in a number of cases.

While much was expected of the thyroid treatment when it was first instituted, its true value has now been found.

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Ethics.

A CORRESPONDENT in a contemporary journal suggests that a chair of medical ethics be created in every good medical school. This may sound at first like a very sensible proposition, but when analyzed such a suggestion does not seem worthy of serious consideration. Medical ethics differs very slightly from any other kind of ethics, and if a physician has not had the proper kind of bringing up at home in early youth it will be almost too late to teach him manners and politeness during his medical education. There is enough to do without touching on that.

A boy grows up and receives to a certain extent the impress of his home surroundings, and even at a good school he may behave in the most exemplary manner and use the most correct language; still he cannot shake off entirely his home training, and if that is defective he falls into the incorrect use of language and the faulty manners by which he is surrounded at home. It is no uncommon experience to have a young man take high honors at a college when he makes serious blunders in ordinary grammatical rules and speaks with a local accent and manner which would scarcely make one suspect his good college training. In the same way while an untutored young man may hear lectures on medical ethics, he will break all the rules in the world after he is in practice if he has the tendency in him.

This is not an example of predestination, but it is intended to show that medical ethics differs in very little from ordinary good manners and a close observance of the golden rule. Let a man be well brought up and well grounded at home in the ordinary principles of a thorough training and he will never have to think of good medical ethics any more than the polished society man or woman has to consult a book of etiquette to see how he or she may enter a ballroom or follow any other of the unwritten rules of polite society. It is hard to make a silk purse out of a sow's ear; indeed, this is said to be impossible, and hence any attempt to inculcate principles of medical ethics in a man who has no ideas of what is right is wasted time.

* * *

Hot-Weather Literature.

THE *Atlantic Medical Weekly* has made a very sensible departure in the past week by annotating interesting news notes in its editorial column and apologizing for the change by saying that no one cares to read or write a leading article in warm weather.

Those physicians who are away on a well-earned vacation probably want to forget all about medicine and are glad of the opportunity of escaping the weekly journal and the monthly heavy periodical. The stay-at-home also may prefer the cool spot, if he can find it, in his house and a light novel or the latest light magazine, and is perfectly willing to let medical reading pass unnoticed after hard work in a warm city.

In warm weather the energy is lacking to do any more than is positively necessary, and the writer and reader is excused from taking that interest in deep matters during this period of supposed rest.

When the warm weather is over, and the physician comes back to hard work, he can then take up his practice and heavy reading with renewed interest.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending August 27, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	5
Phthisis Pulmonalis	..	26
Measles	..	..
Whooping Cough	4	2
Pseudo-Membranous Croup and Diphtheria.	49	4
Mumps	..	..
Scarlet Fever	11	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	35	3

Artificial albumen has been discovered.

The sick soldiers in Cuba are said to take thirty grains of quinine a day.

Dr. Erwin Gibbs of Washington, D. C., died at Lynwood, Va., after a short illness.

An English exchange asserts that the Johns Hopkins University is situated in Washington.

Dr. Whitecarver has succeeded Dr. Scholle as resident physician at the Baltimore University Hospital.

Dr. George T. Walker, a prominent physician of Roanoke, Va., is dead. He was fifty years old and had practiced in Roanoke for twenty-five years.

It is said that the Emperor Menelek of Abyssinia has prepared a paper on smallpox vaccination for the International Medical Congress in 1900 at Paris.

The faculty of Nashville University, as well as the medical profession of Nashville, mourn the loss of Dr. Ambrose Morrison, whose death recently occurred.

A German scientist in Berlin is said to have succeeded in manufacturing solid diphtheria serum. The government will control its sale, which will be subject to the same conditions as the sale of fluid serum.

H. S. Caminero, sanitary inspector of the United States Marine Hospital Service, reports that Santiago is in a very filthy condition, and he is using all the means at his command to remove dirt and clean the city.

Dr. H. R. McGraw of Salt Lake City, Utah, has been appointed assistant resident physician of the Hebrew Hospital, vice Dr. Thomas S. Lowe. The new assistant is a graduate of the College of Physicians and Surgeons.

Dr. Senn comes out very plainly with the truth about Camp Wikoff. It is astonishing, with our boasted knowledge of hygiene and sanitary science, how much ignorance and carelessness have been exhibited in picking out camp sites.

While the politicians are having their private quarrels in public the poor soldiers are really bearing the brunt of the mismanagement. It looks very much now as if the Secretary of War would like to crawl into a hole and pull the hole in after him.

The appointment of Dr. Anita Newcomb McGee as acting assistant surgeon is a good example of the power of influence in appointments. While Dr. McGee is undoubtedly a woman of experience, it is probably carrying matters too far to make her a member of the government medical staff until women serve as soldiers.

The State Board of Health of Maryland has arranged to establish in Washington county three bacteriological stations. One will be in Hagerstown, one at Hancock and the third at Sharpsburg. The State Board will supply tubes in which will be placed organism taken from diseased persons and sent to the State Bacteriological Station, where microscopical examination will be made.

At the last meeting of the Medical Examining Board of Virginia the following schools were represented: Baltimore Medical College, eight candidates, four passed, three failed, one withdrawn; University of Maryland, two candidates, two passed; College of Physicians and Surgeons of Baltimore, five candidates, two passed, three failed; Howard University, Washington, D. C., two candidates, two failed.

Concerning the recent patent granted Professor Behring on antitoxine, Messrs. Parke, Davis & Co. of Detroit announce that they will protect and defend purchasers from any legal proceedings brought as a result of their purchase, sale and use of their serum, having retained the services of Messrs. Betts, Betts, Sheffield & Betts of New York city, patent lawyers, to fight the monopoly on antitoxine.

Washington Notes.

It has been decided by the attorney for the District that owners of property cannot be compelled to fumigate premises in which diphtheria has been treated. The Health Officer, however, may enter all such premises and disinfect them if necessary.

The compilation of the vital statistics of the District for the fiscal year ending June 30, 1898, has progressed far enough to indicate that the death rate for the period was the lowest that has yet been recorded—19.32 per 1000, against 20.71 for 1896-97 and 21.53 for 1895-96. The death rate of the whites during the year was 15.53; that for the colored race 27.51. Figures with reference to typhoid and malarial fevers and intestinal diseases are shown as follows:

	1895-6.	1896-7.	1897-8.
Typhoid fever	228	147	130
Malarial fevers	84	57	43
Intestinal diseases	468	358	319

Deaths from measles, scarlet fever, diphtheria, meningitis and whooping cough were considerably increased over the previous year. Those from acute lung diseases fell from 702 to 607, and those from phthisis fell from 776 to 667. The number of marriages during the year was 1598, and the number of births 4709.

An interesting question has arisen between Health Officer Woodward and Dr. Curtis, surgeon-in-chief of Freedman's Hospital. The matter has been referred to the District Commissioners, summed up in about the following manner: Dr. A. M. Curtis of Illinois was commissioned as surgeon-in-chief of Freedman's Hospital March 8, 1898, upon certification of the Civil Service Commission, after a competitive examination. He is not registered at the Health Department, as required by section 11 of the act of June 3, 1896. There is, therefore, no authority for the recognition of death certificates issued by him, but, on the contrary, under section 6 of the act of January 25, 1898, they cannot be received as a basis for the issue of burial permits. If the surgeon-in-chief of Freedman's Hospital is engaged in the practice of medicine without having been licensed and having registered at the Health Department, as required by act of June 3, 1896, he is doing so in violation of the provisions of that act, and death certificates issued by him should be very properly vised by the coroner. If, however, the treatment of patients is intrusted to other physicians, known as the attending staff, the death certificate cannot in any case be properly issued by the surgeon-in-chief, but must be issued by the physician having had charge of the particular case.

Book Reviews.

RETINOSCOPY. By James Thorington, M.D. Philadelphia: P. Blakiston's Son & Co. Second Edition.

It is seldom that a book treating of so technical a subject as retinoscopy goes through its first and demands a second edition in the short space of a twelvemonth. This is the case, however, with Dr. Thorington's little work. It is small in size, but it contains a great amount of information on what is coming to be recognized as the most reliable of all objective methods of examining the refractive condition. As the subject is one concerning the oculist only, a more extended review here would be useless. The book shows the same painstaking care in adding to and correcting the first edition as was evidenced in the preparation of the latter.

REPRINTS, ETC., RECEIVED.

Resection and Ignipuncture of the Ovaries. Translation and Abstract by Hunter Robb, M.D. Reprint from the *Cleveland Medical Gazette.*

A Case of Cavernous Angioma (Vascular Nevus) of the Tunica Conjunctivalis. By H. O. Reik, M.D. Reprint from the *Johns Hopkins Hospital Bulletin.*

Renal Suppuration, Catarrhal, Specific and Traumatic, and the Value of Micro-Uranalysis of the Urinary Sediment as an Aid to Definite Diagnosis of It. By Thomas H. Manley, M.D. Reprint from the *Journal.*

The Presence in the Blood of Free Granules Derived from Leucocytes, and Their Possible Relations to Immunity. By William Royal Stokes, M.D., and Arthur Wegefarth, M.D. Reprint from the *Johns Hopkins Hospital Bulletin.*

A Case of Phlegmonous Gastritis Following Ulcus Carcinomatosum of the Pylorus; Dilatation, Perforation and Peritonitis; A Clinical History of Fourteen Months, with Chemical, Bacteriological and Histopathological Study. By John C. Hemmeter, M.B., Ph.D., M.D., and Delano Ames, A.B., M.D. Reprint from the *Medical Record.*

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Original Articles.

TREATMENT OF ERYSIPELAS.

By John T. Winter, M.D.,

Professor of Theory and Practice of Medicine, Medical Department National University.

READ BEFORE THE THERAPEUTICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

As this society is devoted to the study of therapeutics, I will not take your time to discuss the etiology or pathology of erysipelas further than to state that it is an acute, infectious, feebly contagious, febrile disease, attended with the usual signs of inflammation, heat, redness, swelling and pain, and is due to the presence of a streptococcus, which is found especially in the lymph vessels and lymph spaces of the inflamed skin and subcutaneous tissue, and produces at the point of inoculation a peculiar spreading inflammation, accompanied usually with considerable serous exudation. It is essentially an infectious lymphangitis, either superficial or deep-seated, and the anatomical alterations are sometimes both local and general.

Erysipelas has been spoken of as being of two forms—idiopathic, or that form which arises without apparent cause, involving chiefly the face and head, and traumatic, which originates at the site of a recent wound on any part of the body. The symptoms in both forms are both local and constitutional in character. There is good reason to suppose that the facial form of erysipelas is almost always traumatic in character, having its origin in some excoriation about the nose or face, or even in a fever blister. Still Strumpbell says: "It cannot be denied that there are cases of facial erysipelas where it is absolutely impossible to make out any cutaneous excoriation, and where there is an initial stage, with feverish symptoms preceding the localized trouble in the skin. Such cases suggest the thought that erysipelas is like the acute eruptive diseases, and that it is at least possible that infection may take place in some other way than the one mentioned."

The local invasion of the so-called idiopathic erysipelas is quite commonly preceded by sore throat, which may last for several days before the appearance of the cutaneous disorder. This angina is usually not sufficiently severe to cause any alarm, but in some instances it becomes a serious matter in itself, causing considerable swelling of the lymphatic glands, edema of glottis, general infection and nephritis. It is frequently accompanied or followed by a chill, or a succession of chills, by a severe headache, and sometimes by confusion of ideas, delirium or coma. There is also nausea and vomiting, tongue moist and coated with a uniformly white fur, and the pulse quick and compressible. These symptoms may continue for only a few hours or for several days before the first red spot makes its appearance.

From this first red spot an inflammatory blush, sometimes bright scarlet, sometimes dusky red in color, spreads more or less rapidly, fading away in healthy skin. The inflammatory area rapidly extends, the lips and ears swell, the cheeks enlarge, the eyes become closed by their puffy lids, and all traces of the natural features are completely lost. As the redness and swelling extends it

gradually disappears from the part in which it first appeared, but the fever continues as long as the disease continues to spread. The local manifestation seldom lasts longer than from four to six days in one spot, although it may revisit the same spot and travel over the same surface again and again during the same attack, thus protracting the case for many weeks.

I well remember one case in which the disease began on the left side of the nose, spread slowly over left side of face, gradually over the whole head, and met two days later on right cheek. The inflammation gradually faded, and after an interval of a few days this was repeated, and later on again repeated, thus protracting the disease for several weeks. This patient lost her hair after the fever subsided, but it grew again. There is almost always loss of appetite, and while there is usually but little fever at the beginning of an attack, it gradually gets higher and higher, not infrequently reaching 105° or higher. In the only fatal case I have ever had the temperature reached 108.5° about an hour before the patient died, and I think it was even higher than that just before her death, but it was not taken again.

The curative treatment of this disease may be both local and general in character, and while some of the members of this society are of the opinion that erysipelas is only a local, a self-limited disease, and if let alone will take care of itself, and while I must admit that in many instances of the so-called idopathic variety the tendency is to restoration of health, still there are so many possible complications and sequels, some of them quite serious in character, which should make us almost as careful as if such conditions already existed, and then, too, in an ordinary typical case, where the inflammation has ceased to advance, there is frequently about the fifth to eighth day a rapid falling of temperature, the disease ending by crisis, which in a feeble individual might end the battle if proper precautionary and constitutional measures were not adopted.

Erysipelas is, in my opinion, not only a local, but almost always a constitutional disease, as much so as is diphtheria, and should receive constitutional and sustaining treatment. The indications for treatment are, therefore, to subdue inflammation and promote restoration to the normal condition in the part affected; to prevent spreading to other parts, and to support the strength. The first indication would, therefore, be to subdue inflammation by inducing free action of bowels, kidneys and skin. A full dose, ten to twenty grains, of the old compound jalap powder, if you dare use such a remedy today, might be given and repeated in twelve hours if necessary, or a murcurial purgative, a tablet of calomel, for example, or even a seidlitz powder, repeated every six hours until the bowels are freely moved.

Purgatives, while not indicated in low inflammation or low fever, are especially indicated in sthenic inflammations and high fevers, and are, therefore appropriate in acute local erysipelas, whether idiopathic or traumatic, but should be given with caution, and in not sufficiently large doses or long continued to cause diarrhea, for that might tend to increase the debility of the patient.

It will be wise, in many instances, even at your first visit, and before the bowels have been opened, to order a diaphoritic and diuretic mixture. A favorite prescription of mine for this purpose would contain in each dose, Tinct. Aconite Rad. M i to ii, Spts. Aether Nitr. M 15, Liq. Ammon. Acct. q. s., dr. ii, which should be given in not less than a wineglass of water, and repeated every hour or two as necessary. Aconite, given at the commencement of this disease has, I think, helped to cut short the attack in a number of instances. It seems to assist in reducing the swelling and hardness, and to prevent the inflammation from spreading, but in spite of this, and many other remedies, the inflammation will in certain cases continue to spread. The local treatment will, even at your first visit, in many instances, require your attention. Remember there is heat, redness, swelling and pain, and for these, and other conditions in this disease, the remedies are legion: Aconite, antipyrine, belladonna, bismuth, bromides, carbolic acid, chloral, collodion, nitrate of silver, jabarandi, iron, quinine, hyoscin, ichthyol and a host of others.

The application of cranberry poultices, either hot or cold, exerts a soothing influence, and helps relieve the burning. For this same purpose carron oil (equal parts of linseed oil and lime water) has been a favorite with many practitioners in this city, applying it just as if it was a burn, but as it quickly becomes exceedingly offensive, I have for a number of years used cottonseed oil in making my carron oil. I have used spirits turpentine, locally, several times, and with good results. In one instance it was almost the only thing tried that afforded relief, but the patient, a not overly strong young woman, could only bear it for a few minutes at a time, but in the few minutes it would stop the intolerable burning. The redness was perceptibly bleached each time it was used. In using this medicine locally, a good plan is to dip a piece of flannel in hot water and squeeze it as dry as possible, and then dip it in the turpentine and wring it again, and apply it to the erysipelous surface for fifteen minutes or longer, according to the sensitiveness of the patient's skin. This is especially applicable in erysipelas of the head, where there is much burning, and where there seems to be danger of the brain being involved.

The old prescriptions of lead and opium—Liq. Plumbi Subacetatis dr. iv, Vin Opii oz. ij in Oi water, has, I presume, been used by the most of us, and perhaps with some relief to our patients.

Ichthyol is much used today. It can be used with an equal part of vaseline, and covered with antiseptic cotton or gauze, or it can be used with collodion. I have used it with the vaseline, but did not think it equal to the carron oil.

Silicate of potash, applied to the skin, is said to cause immediately a sensation of coolness, the skin becoming pale, and temperature lowered, and it would, therefore, seem to be applicable in this disease.

The almost mechanical rules that govern the extension and limitation of the local process in this disease has led to various attempts to substitute artificial boundaries for those of nature, and to substitute a simple inflammation for this specific disease. For this purpose, pressure by adhesive plaster or collodion has been resorted to, but in many locations no form of pressure save that by collodion is practicable, but the depth to which such pressure reaches is too slight to be of much value. For this reason scarification of the healthy skin beyond the edge of the inflamed area, and touching the raw surface with the solid stick of nitrate of silver or a strong solution of carbolic acid has been resorted to, but this, even if beneficial, would be apt to make a permanent scar, and should not be done. Painting a line half an inch wide on the sound skin, surrounding the inflamed area with tincture of iodine, or even with the solid stick of nitrate of silver, would seem more rational. The former I have resorted to many times.

Sometimes the inflammation would extend to the artificial margin that I had made and would be arrested at that point, but in the majority of instances none of these methods would avail, the inflammation extending across and beyond such boundary lines as promptly as if they had not been attempted. In one instance where I had used the solid stick of nitrate of silver the line could be plainly seen for the next year or more every time the lady's face got either warm or cold, and I received each time a blessing.

The constitution of the patient will always have to be taken into account, and in many instances tonics will have to be given from the very beginning of an attack, and for this purpose the tincture of the chloride of iron possesses especial virtues, and has been thought for many years to be as near a specific for this disease as we have. It should be given in comparatively large doses, twenty to forty drops every two to four hours (the drops are small, 150 to the oz.), and can be given in water or any suitable vehicle, or can be given in capsule, filling the capsule at the time it is to be taken, and given this way it is not more apt to constipation or to offend the stomach.

It should be remembered, however, that a gastric disturbance is one of the most constant symptoms in erysipelas. Proper attention to the diet of an erysipelous patient is of first importance. It should be generous, and composed of

highly nutritious substances, and unless temperature is high, I urge them to take anything they will have from the family table, and at shorter intervals than in health, but if temperature is high, I allow only liquid food, but still have it as nourishing as possible.

Stimulants are many times required, and from early in the disease, especially in elderly persons, or where the disease is assuming a low or typhoid form. In the form of whiskey it can be given quite freely, especially when the tongue is brown and dry, and when the first sound of the heart can hardly be heard. The carbonate of ammonia would also be indicated in such cases, and can be given alone in syrup or acacia, or in combination with the alcoholic. Strychnine is a valuable remedy, especially when there is threatening of heart failure. Quinine is highly indicated when the pulse is soft and tremulous, or very quick, or where there is a low muttering delirium. The combination of quinine and tincture of the chloride of iron is of especial value in the low forms of this disease. Jabarandi has been used in all stages of this disease, both locally and internally, and in some instances where the active principle, pilocarpine, was used hypodermatically, it was thought to have aborted an attack. It is not suitable, however, in debilitated cases, or where the heart is weak. Guaiacol has been suggested for the reduction of high temperature in this disease, but I am afraid of it, and have, therefore, not even tried it.

Headache is often intense in this disease; also pain and sleeplessness, and will require some attention. For these purposes I prefer morphia. Chloral and the bromides are highly recommended, but the bromides have in several instances seemed to increase the delirium. The hyoscin hydrobromate, in the 1-100 grain dose, hypodermatically, is now under trial, but should not be used when the heart is weak.

When erysipelas occurs in a recent wound, the secretions dry up and the margins become inflamed, swollen and red. In the phlegmonous form, when suppuration has taken place and pus has become filtrated through the areolar tissue, long and free incisions ought to be made to give it exit.

A medical man with cases of erysipelas on hand should not attend a woman in confinement without changing his clothes and disinfecting himself as thoroughly as possible, for there is hardly any question but that the poison of erysipelas may give rise to puerperal fever, still I have attended, twice, I think, where the woman was suffering with facial erysipelas at the time she was confined, and escaped further infection. Every precaution was, of course, taken to protect the vulva and to keep it well covered with antiseptic dressing. The meddlesomeness of the nurse will have to be guarded against in cases of this kind.

The therapeutics of erysipelas must be applied with the understanding that it is more important to lead the disease to a safe termination than to try to cut it short by active medication, for the latter is, perhaps, impossible, unless the antitoxine theory proves to be a success.

Erysipelas itself as a therapeutic agent has been receiving some attention for the last few years as a cure for diphtheria, tuberculosis, cancer, neuralgia, skin diseases and other lymphoid disturbances.

STABWOUND OF THE THORACIC DUCT—RECOVERY.

By W. H. Lyne, M.D.,

Demonstrator of Surgery and Demonstrator of Normal Histology, Medical College of Virginia; Late Resident Physician City Almshouse Hospital, Richmond, Va.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, AUGUST 9, 1898.

DURING my service in the City Almshouse Hospital of this city many were the unusual, interesting and instructive cases that came under observation, since this is the only emergency hospital here. Often cases of such rare occurrence befell the lot of the ambulance surgeon as to be regarded as surgical curiosities, chief among which is the following, viz., a stabwound of the thoracic duct at the base of the neck, the result of a midnight street brawl.

Dr. John A. Wyeth, in his most lucid essays on ligations, describes, on account

of the proximity to the cervical blood-vessels, the anatomy of the thoracic duct, which is but little larger than a goose-quill near its termination, as follows: "On a level with the insertion of the scalenus it arches to the left, crosses in front of the subclavian, in front of the scalenus, behind the internal jugular and curves downward to empty into the subclavian at its junction with the jugular to form the left innominate vein." Posteriorly to the origin of the sterno-mastoid muscle lies the small anatomical field bisected by the following vital structures: The pneumogastric and phrenic nerves, internal jugular and subclavian veins, subclavian and left common carotid arteries, the thoracic duct and the near-by brachial plexus, a field which the mighty dare but enter after the most careful deliberation and thorough study, yet the would-be assassin's knife plunged amid this network of vital structures, wounding only the thoracic duct.

On account of the rarity of injury to the thoracic duct many works on surgery absolutely ignore the subject, while others dismiss it with a paragraph.

Very little is recognized in life concerning diseases of the thoracic duct, necropsic findings, however, demonstrating their existence as secondary chiefly to a tubercular condition or a suppuration in some of the near-by viscera or lymphatic glands. Pus, blood, bile and even calcareous matter and concretions have been found in the duct; a rare case of ossification of the duct has been noted, as well as one of gangrene.

Sir Astley Cooper's experiments on animals revealed that gradual compression of the duct resulted in its dilatation, whereas rupture resulted if suddenly compressed, during intestinal digestion a compression of only a few minutes sufficing to effect a rupture, this being readily explained since the duct at this time is normally distended, due to the absorption of the digested fats brought thither by the lymphatics, the sole conductors of this force-producing product. Where pressure is gradual and permanent a chylous engorgement ensues, resulting in the establishment of a collateral lymphatic circulation. A varicosed thoracic duct, like a varicose vein, is subject to rupture, discharging, according to locality, into or behind the peritoneum, into or behind the pleura, into the posterior mediastinum, or into the bladder, the effusions producing chylous ascites, chylothorax or chyluria, a case of the latter condition existing intermittently for fifty years in a woman.

Several interesting reports of abdominal and thoracic paracenteses have been made in which the fluid microscopically proved to be chyle, the quantity being enormous. For instance, 289 pints in twenty-two tappings; in another, fifteen gallons in sixty-eight days, and a third in which 11.8 liters were found and withdrawn post-mortem from the pleura.

The causes of rupture of the duct are (1) traumatism, or (2) obstruction, which is produced, as in other ducts, but causes from within, as infiltration or thickening of its walls, stenosis from cicatricial contraction, thrombi, etc., or causes from without, as pressure from neoplasms, etc. A cause not common to the obstruction of other ducts, but analagous, is the blocking of the venous outlet, produced not only by a thrombus, but by cardiac dilatation, with its subsequent venous engorgement, which necessarily interferes with the discharge of chyle into the subclavian vein.

A case is reported where a child with a congenital heart lesion subsequently developed an elephantiasic swelling of the right leg, with a papular eruption, from which exuded a chylous fluid, such eruptions being associated with or alternating in cases of chylous ascites and chyluria. The frequency of concurrent phlebitis and lymphangitis readily explains the old term "milk leg," now known as a result of a phlebitis. The association of thoracic duct disease, ascertained post-mortem, with other tubercular conditions leads me to attribute the malnutrition and emaciation in this dread malady largely to this non-recognized cause.

Experimental wounds in animals have demonstrated the spontaneous cure of thoracic duct wounds, yet death from inanition is to be expected in the vast majority of cases.

Spontaneous cure is affected by either

or both of two ways: (1) by contraction of the unstriped muscular tissue, which is circular but scant near its termination, along with the auxiliary elastic tissue, which is longitudinal; (2) by spontaneous coagulation of chyle, a property acquired after having passed through the mesenteric glands. Not only are the function and histological structure of lymphatics and blood-vessels nearly analagous, but also the results of wounds of each, longitudinal ones bleeding less freely than transverse, the several edges being more readily apposed.

As in other ducts, longitudinal wounds in healing are less liable to be followed by stricture. Since the molecular basis of chyle is emulsified fat (this giving it its milky color, being colorless, except during intestinal digestion), it becomes patent that a system deprived of this compound, as well as its circulating medium, the excess of the albuminous liquor sanguinis must necessarily suffer, the patient gradually wasting away if the sequela be a stricture or a fistula, or dying from starvation if the duct be completely severed.

The following case is of more than ordinary interest aside from its infrequency, since recovery, followed by no ill effects, resulted:

Case.—About 1 A. M., May 5, 1896, I was called to an emergency case at one of the police stations. On entering, information was given by some of the officers "that a negro man had been stabbed in the neck, and that white blood, like milk, was coming from the wound." A thoracic duct injury was suspected by exclusion, but I silently agreed with them that "I had never seen white blood before."

The negro, aged twenty-four, was of splendid physique, being a porter in a large hay and grain establishment.

On examination an oblique stabwound about one inch long, depth unknown, was found above and behind the left clavicle and parallel with the outer border of the sterno-cleido-mastoid near its attachment, thus, from the anatomy of the parts, necessitating a longitudinal wound of the thoracic duct. There had been considerable hemorrhage, which had stopped, and an abundant milky fluid was steadily escaping from the wound. For quite a time I was at a loss as to treatment, but, acting on the advice once given me by an older physician, "to look wise, say little and do something if necessary," I decided to tampon, which was repeatedly done, after having cleansed the wound with a weak, hot, carbolized solution, the packing of iodoform gauze and compress becoming soaked with chyle. On removing the patient to the hospital the wound was again redressed under scarcely better aseptic surroundings, using a dressing of like character as before. When this dressing was applied chyle was still escaping in good quantity, though the patient had been slowly moved nearly three miles. On removing the dressing during the ward visit, about seven hours thereafter, the escaping chyle and oozing had completely stopped, and the regulation dressing was reapplied with the approval of the surgeon-in-chief, Dr. J. G. Trevilian.

The patient was allowed a light diet. His recovery was prompt and uneventful, the only untoward symptom being a slight suppuration, the patient being discharged nine days after his admission, complaining only of a slight stiffness of his left arm. The patient was seen August 2, 1898, and was enjoying perfect health, weighing ten pounds more than he ever weighed before.

I regret to state that no specimen of the chyle was secured for microscopical and analytical examination, which would have proved of special interest.

NOTE.—Due credit must be allowed Bertrand Dawson, of London, for his exhaustive medical contribution in Vol. IV. of the *Twentieth Century Practice*, Wyeth, Packard, Parks, and the *American Text Book of Surgery*.

THE VALUE OF DIGITALIS IN PNEUMONIA.—Maragliano states in the Journal of the American Medical Association that he has established beyond a doubt the specific action of digitalis on the pneumonia coccus. A very small amount will kill the cocci in a culture and also neutralize the toxicity of pneumonia toxine in injections. Owing to this effect of the digitalis in neutralizing both toxines pneumonia patients are able to stand much larger doses of digitalis than healthy persons.

Medical Progress.

Milk and Infantile Mortality.—A paper by Dr. Lemière which is quoted in the Lancet discusses the relation long since recognized as existing between milk supply and infant mortality. The statistics given are chiefly those of the city of Lille. Among other points of interest noted by the writer is the fact that the death rate under two years of age in that city is 398.6, and in one parish it has risen to 520 for every 1000 deaths recorded. A large proportion of these is attributed to gastro-enteritis, which is most prevalent in districts inhabited by the working classes, the comparative mortality between a rich and a poor district selected for illustration being as 1 to 7. Gastro-enteritis is, as a rule, a preventable disease, and this fact is fully admitted in the article to which we have referred. It is satisfactory to find that its explanation is sought for where it is most likely to be found—namely, in the diet administered. With regard to this Dr. Lemière makes two practical observations—one in which he accuses the employment of watered milk as a cause of malnutrition, and the other in which he advocates efficient sterilization and general care in feeding. Too much importance can hardly be attached to these remarks, especially during the present sultry weather. It is true that they teach nothing new, but they remind us of precautions which should never be but constantly are forgotten. We do not dispute the influence of subsoil water as a factor in the production of infantile diarrhea, but we recognize as of equal and even greater importance the quality of the infants' milk supply. The former consideration is in a great measure *ultra vires*, the latter is at all times within our control. If this control is applied with judgment and vigor the climatic and subterranean evils may often be entirely counteracted. Nothing, therefore, in domestic management is more important than care in the selection of the milk used and in its after-treatment. The health of the cattle producing it, of the people who sell it and the cleanliness of persons and vessels connected with its sale are as much the concern of a nurse or mother as is its actual preparation for the infant. As a rule mothers in this country understand the importance of cleanliness in all the manipulations of artificial feeding. Nevertheless they are frequently in error. They are very apt to underestimate the value of fresh air, especially at night, and many an infant is poisoned with milk which has fermented in a close bedroom. We need hardly impress upon medical practitioners the necessity of instructing their patients in this matter and also with regard to the means adapted for the ready sterilization not only of milk, but also of the vessels in which it is contained and administered.

* * *

Melanocarcinoma.—At the recent meeting of the American Dermatological Association, reported in the Journal of Cutaneous and Genito-Urinary Diseases, Dr. T. C. Gilchrist of the Johns Hopkins University reported two cases of melanocarcinoma, primary in the skin, one of them in a negro, with the pathology and some observations on the structure of moles. The first case reported occurred in a negro, who had become greatly emaciated and who had a thousand nodules over the body, nodules in the liver and probably elsewhere. Notwithstanding this extensive distribution of the lesions there were no enlarged lymphatic glands. A portion of one of the nodules (metastases) was teased and injected into the external jugular vein of a dog. The dog was killed after two months, although apparently in excellent health. The autopsy showed no pigment or other abnormalities in the lungs. The cultures from sterilized portions of the nodules were negative. The smallest metastasis was a nodule deposited in the subcutaneous tissue, and consisted of epithelioid cells. The pigment was not very noticeable in the first metastases.

The second case occurred in one of the hospital physicians. He was twenty-seven years old, and had a small mole on the left cheek, which he had first noticed seven years before. It very gradually increased in size. Finally, after scratching, it began to grow rapidly. It was excised

and sections of it exhibited distinct melanocarcinoma.

Dr. Gilchrist said that, according to the leading pathologists, moles are incomplete sarcomata—growths from the walls of either the lymphatics or the blood-vessels. Unna stands alone in saying that the structure of a mole is derived from the epidermis, and, therefore, is of epithelial origin. Dr. Gilchrist went on to say that he had excised a pigmented mole from the abdomen of a child and several from adults. The mole from the child showed nests of cells in the epidermis. His own observations certainly confirmed this view of Unna. Since, therefore, the cells of the tissue forming the mole is of epidermal origin, a malignant growth in a mole is undoubtedly a carcinoma and not a sarcoma. Dr. W. H. Welch concurs in this opinion.

As to the pigmentation, Dr. Abel has recently shown that the pigment in the negro is a very complex body, and that the granule remains after taking out the pigment. The separated pigment has been found to be free from iron. The conclusion is that the pigment in melanotic growths and in the negro's skin is not derived from the blood from alterations in the protoplasm. Italian observers claim that the bodies found in cancer are blastomycetes and are allied to the yeast fungus. But these bodies are not always present, and they are found in benign growths and many other lesions of the skin; moreover, no pure culture has been obtained from cancer, and it has never been possible to reproduce undoubted cancer from the supposed parasite.

* * *

The Treatment of Infantile Ophthalmia.—Dr. P. Bar, in a paper quoted by the Lancet, discusses briefly the various modes of treatment which have been employed for the prevention of infantile ophthalmia. The writer's experience of iodoform dusted on the conjunctiva has not been more fortunate than that of other surgeons. Neither has he found that the use of boric solution, or even of perchloride of mercury from 1 in 1000 to 1 in 4000, is entirely satisfactory. The only remedy which he considers to be truly reliable is the time-honored solution of nitrate of silver, and the mode of its employment by him, though not novel, is sufficiently unusual to merit a passing comment. The strength of the solution, 1 per cent., is somewhat weaker than that commonly advised, and we are pleased to find that it is administered by instillation. This method, it is stated, has yielded excellent results and the statement, we believe, is justified by the experience of other practitioners besides the writer of the paper above mentioned. It possesses this great advantage over the more common practice of brushing a stronger solution over the conjunctiva—that it avoids an obvious cause of local irritation, and we believe the results obtained by the drop method will be found to be, at all events in cases taken reasonably early, not only more successful, but more rapidly attained. Dr. Bar advises the routine use of the nitrate solution as a prophylactic for all newly-born infants. This is certainly suggestive of *nimia diligentia*, but as regards the value of this treatment for infantile ophthalmia in its early stage there can be no question.

* * *

The Psychology of Laughing.—Drs. G. S. Hall and A. Allen have analyzed the results, which are reported in the Occidental Medical Times, of an examination of nearly 3000 persons, and found that the first indication of laughter may in exceptional cases be seen in almost any part of the body, but it is most frequent in the eyes, and next in frequency at the mouth. The eyes become brighter, smaller and oscillate, and the mouth opens, stretches and curves upward, but sometimes downward. In a few cases the laugh begins with dimples in the cheeks, in others with a movement of the muscles just below the ears or a throwing back of the head. Subjectively, the "funny feeling" may begin in the stomach, throat, head, diaphragm, face, etc. Sometimes beauty is evoked or increased, or ugliness is produced. The eyes sometimes open, sometimes shut, sometimes grow dull, both lids may tremble and the eyeballs may twitch, grow rigidly fixed or roll wildly, or they may be turned upward and inward, and they

are often suffused with tears. The after-effects of a hearty laugh were described as exhaustion, heavy breathing, fatigue, shame, weakness, soberness, sadness, relief, weakness localized in various parts of the body, deep sighs, giddiness, perspiration, headache, stitch in the side, soreness, thirst, chills, sleepiness, uncontrollable movements, nausea, tears, fear of impending disaster, breathlessness, etc. A laugh is, according to Dr. Hall, not unlike an epilepsy from the aura, at which stage it may be checked, to the subsequent exhaustion. In a number of cases laughter was evoked by news or sights really sad.

* * *

The Repair of Wounds of the Brain.—Tschistowitsch (Boston Medical and Surgical Journal) has studied the healing of aseptic wounds of the brain tissue of animals. He finds that in the process of healing and of filling up losses of substance the connective-tissue elements of the pia and of the blood-vessels play the chief part. The neuroglia takes a very insignificant part in the process and that consisting only in the formation of a sclerotic zone about the cicatrix or foreign body when there has been long-continued irritation. He thinks it likely, by a more gradual destruction of the brain tissue than was possible in his experiments, this growth of the neuroglia may become relatively more extensive, as in progressive degenerative processes in brain disease. No regeneration of nerve cells was observed. With regard to the regeneration of nerve fibers the author is in some doubt, but does not deny that it may occur. He found that the epithelium of the ventricle had little power of regeneration.

* * *

Treatment of the Summer Diarrhea of Infants.—Dr. Alex. Lewers states in the American Journal of the Medical Sciences that it is more rational to say that milk should be stopped because, under existing conditions, it has no chance of being digested than because it is a poison. As for irrigation, it probably has the same action internally as externally, viz., stimulant and sedative, the tone of the intestinal wall being improved and peristalsis lessened. As for routine treatment, if vomiting is not prominent, either castor-oil or calomel to clear the intestine, and then bismuth to soothe it. If vomiting is severe, small doses of calomel and Dover's powder, or stomach lavage, followed by bismuth, are still the most satisfactory. Astringents and antiseptics are useless, and there is no golden rule of diet except to stop the milk.

* * *

Painful Dysphagia Evidence of Syphilis.—J. Garel calls attention in the Journal of the American Medical Association to the fact that every person who complains that it has hurt him to swallow for the last few weeks, three at least, should be considered a syphilitic and treated accordingly. Syphilis can be diagnosed at once from this one symptom of persistent dysphagia at any stage. It is frequently the first or only symptom recognized by the patient. The pain vanishes with forty-eight hours' treatment with potassium iodide, unless it is due to that extremely rare cause, incipient cancer, or tuberculosis of the throat, which can thus be differentiated.

* * *

Selection of Pharmacists.—The Ohio Medical Journal says that physicians do not, as a rule, use as much discretion as they should in the matter of recommending a competent pharmacist. When the prescription has been written the choice of a pharmacist is left entirely to the patient. Too often it is taken to the "cut-rate" store, where any "cut" in the price is made at the expense of the quality of drugs used. The standard scale of prices charged by competent druggists is not exorbitant, and better results will be obtained by warning patients against the cut-rate establishment than by total disregard of the matter.

* * *

Embryonic Fibroid Causing Uterus Duplex.—Pick (British Medical Journal) recently demonstrated two cases of uterus duplex where a myoma had developed in fetal life so as to get in the way of Müller's ducts and prevent the union of their lower segments. The arrangements of the folds in the cervix seemed to support this theory.

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The Pharmacists.

THE meeting of the pharmacists in Baltimore last week was one full of interest to physicians as well as to themselves. These men have contributed very largely to good results in practice by studying out the chemical properties of new drugs and by combining therapeutical agents in such a form as to unite palatability, elegance and good results. The pharmacist is the physician's best friend up to a certain point. The former has substituted the convenient tablet for the cumbersome and often nauseous mixture, but he has sometimes gone too far when he combines medicines in such a way that the laity knows what to ask for and too often uses with bad results that which the physician alone should prescribe.

It is very common for persons understanding little of medicine to ask for migraine tablets or rhinitis tablets, not having any idea of the composition of these tablets or what harm may result from their careless use. The pharmacists, however, are, as a rule, a set of clever and educated men who practice their profession in an honest and conscientious manner, and that they go deeply into their work is shown by the records of the past week.

Two questions discussed at the meeting of the pharmacists were of great interest to physicians. One was on the sale of poisons and the other was on the ownership and control of prescriptions. Many instances of accidental, suicidal and homicidal poisoning have been rendered easy of execution because the criminal or his accomplice could so easily obtain poison at a drug store without presenting a prescription. The writer of this paper suggests that in the next revision of the pharmacopeia a list of what should be classed as poisons be published, with their maximum doses, and these should be sold under the most careful restrictions.

The other subject of interest to physicians was the ownership and control of the prescription. So much harm is done the patient by repetition of the prescription without the physician's direction and often dangerous habits are started. Also the druggist may be doubtful of his right to give up the original of a prescription that such a law which would clearly state the status of the prescription would be of a most important piece of legislation. If a physician direct that a prescription be not repeated his wish will be obeyed by the best pharmacists, but there are always some who willingly give up the copy of a prescription and repeat it as many times and for as many persons as are willing to pay for it. The work of the pharmacists at this meeting has been most suggestive, and if some of these reforms can be carried through the physician and the public, as well as the pharmacist, will profit.

* * *

The Anesthetist.

IT is only in recent years that medical schools have thought of giving some systematic and clinical instruction in giving anesthetics and the bad effects of their use. It is a great risk to have chloroform or ether given by a person who knows little of their action or who is timid and by mismanagement discomforts the patient and interferes with the surgeon's work.

As Dr. Duke showed last week, the man who gives ether or chloroform should be recognized as an important person and should be selected for his especial fitness and be paid adequately for his services. A mistake in the use of an anesthetic cannot only endanger the patient's life, but it can so interfere with the operation as to give the most skilled surgeon the worst possible results. Therefore, as Dr. Duke shows so plainly, some person or persons should be recognized in every community as a specialist in giving anesthetics, and such a one should always be employed when needed and should be held responsible for his part of the work.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 3, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	7
Phthisis Pulmonalis	..	16
Measles	..	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	44	4
Mumps	..	..
Scarlet Fever	9	1
Varioloid	..	..
Varicella	1	.
Typhoid Fever	26	9

Dr. James J. Mills has removed to 813 North Charles street.

The recent heated spell has increased the mortality in most cities.

The American Public Health Association will meet at Ottawa, Canada, September 27, 28, 29 and 30.

Dr. W. F. McNairy of the Navy Department died last week at Washington after a short illness. He was a graduate of the University of Pennsylvania and was eighty-five years old.

The tenth annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held at Birmingham, Ala., Tuesday, Wednesday and Thursday, October 25, 26 and 27, 1898.

The last number of the *British Medical Journal* is an educational number and contains full facts about medical education in Great Britain and the provinces. The *Lancet* will issue also a similar number.

Dr. R. M. Jordan, at one time a prominent physician of St. Louis and later resident physician at Jordan's White Sulphur Springs in Virginia, died at these Springs suddenly last weeks, aged seventy-six.

The lepers of the Orange Free State are in part placed on a farm in the neighborhood of Bloemfontein, in part maintained on Robben island at the expense of the State. A proposal is now made that the lepers should be removed from the island and placed upon another farm in the Free State.

The late Dr Pepper shortly before his death revoked in a codicil a bequest of $75,000 as an endowment of the William Pepper Laboratory of the University of Pennsylvania. Dr. Pepper had lost money by speculation, and, like many other physicians, did not leave as large a property as his hard work justified.

The Union Protestant Infirmary, on Division street, near Mosher, Baltimore, has been reopened and will receive patients, after having been closed for nearly two months. Dr. Omar Pancoast will be the resident physician. During the summer months the building has been entirely renovated and considerable painting has been done, besides various other improvements.

Dr. H. R. Carter of the United States Marine Hospital Service has been delegated to Santiago for the purpose of establishing a disinfection and inspection plant in that district. Dr. Carter is a graduate of the University of Maryland in 1879, and was a classmate of Dr. Frank West, with whom he practiced a short time. Dr. Carter has done some excellent work in this department and is an expert on disinfection and such work.

An army medical board will be in session at Washington city, D. C., during October next for the examination of candidates for appointment to the Medical Corps of the United States army to fill existing vacancies. Persons desiring to present themselves for examination by the board will make application to the Secretary of War before October 1, 1898, for the necessary invitation, giving the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal acquaintance from at least two reputable persons as to his citizenship, character and habits. The candidate must be between twenty-two and twenty-nine years of age and a graduate from a regular medical college, as evidence of which his diploma must be submitted to the board. Successful candidates at the coming examination will be given a course of instruction at the next session of the Army Medical School. Further information regarding the examinations may be obtained by addressing the surgeon-general, U. S. army, Washington, D. C.

Washington Notes.

Lieut.-Col. Charles Smart, an experienced officer and professor of hygiene in the Army Medical School, is making a thorough investigation of the sanitary conditions at Montauk Point.

Dr. Arthur Snyder, who accompanied the District regiment to Santiago, has been stricken with typhoid fever. He is now at Camp Montauk, but will be brought home as soon as possible.

The number of deaths in the District last week was 100, a decline of over 10 per cent. from the former week, making the death rate 18.55 per 10,000. There were two deaths from diphtheria and four from typhoid fever. There are twenty-six cases of diphtheria and thirty-six cases of scarlet fever in quarantine.

Major Hopkins, military secretary to Secretary Alger, has prepared a statement comparing the deaths in the army during the past four months with the deaths in the District of Columbia during the same period. Deaths among the soldiers are as follows: From disease, 1284; from wounds, 300; missing and unaccounted for, 50—total, 1634. Deaths in the District as follows: May, 459; June, 382; July, 608; August, 600—total, 2049. This makes the deaths in the army 415 less than the deaths in the District. But what a comparison for even a child to make! In the first place, the population of the District in round numbers is 280,000 (or, census taken March, 1897, 277,782), 25 per cent. more than there has been in the field at any one time; in the second place, 47 per cent. of our deaths occur under five years of age, and quite a number die over forty-five, while tuberculosis, heart and kidney diseases account for other deaths. All these would not be admitted into the army ranks. But, taking those who would have passed the army examination, not a dozen of our strong young men have died during the months mentioned.

Book Reviews.

Accident and Injury: Their Relationship to Diseases of the Nervous System. By Pearce Bailey, A.M., M.D., Assistant in Neurology, Columbia University, etc. Pp. vii-430. New York: D. Appleton & Co.

The volume before us possesses the advantage of looking upon certain forms of nervous diseases from a rather new point of view. Of the various departments of internal medicine none, perhaps, has such a meager etiology as the diseases of the nervous system. Syphilis and arterio-sclerosis are, perhaps, already overburdened as causative agents, and we are obliged to fall back upon certain rather meaningless phrases as "overstrain," "malnutrition," "nervous exhaustion" and the like when we no longer feel solid etiological ground under our feet.

In Part I the author discusses the effects of organic injury upon the nervous system, and it cannot be said that there is anything very new or suggestive in this section.

The next division is devoted to the relationship between so-called functional neuroses and trauma. Traumatic neurasthenia is very fully treated of by the author to the conclusion that "the prognosis for more or less speedy recovery in any case of neurasthenia is good if the patient has no claim to bring and can put himself at once under the care of a skillful physician, although even then recovery is not always assured."

Traumatic hysteria is next considered, but it is rather a description of the affection than a discussion of the part played by traumatism. The author does not, it seems to us, give due weight to the very strongly suggestive part played by traumatism in hysterical individuals. The central idea in hysteria is, as Charcot so long and so vigorously promulgated, suggestion. It matters not how this suggestion comes, it directs the system. Now, it would be manifestly improper to set traumatism aside as a special etiological factor and speak of "traumatic" hysteria, since any suggestion, traumatic or not, is so readily received and acted upon by the hysterical subject. It is more than doubtful whether trauma ever causes hysteria in a subject not specially disposed to the disease, and the use of the term "traumatic hysteria" almost implies that it can and does do so. It is greatly to be feared that the frequent use of this unfortunate term will place a dangerous weapon in the hands of the damage lawyer and his assistant, the professional medical expert. One can imagine Erichsen's feelings if he could have foreseen the millions that have gone unjustly to claimants on the strength of his book.

There is a good chapter upon malingering, and a short and rather unsatisfactory one on treatment, which concludes the volume. The bibliography is not as full as it might have been, and there is the usual Teutonic tendency.

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Original Articles.

EPILEPSY.

By D. Olin Leech, M.D.,
Washington, D. C.

READ BEFORE THE CLINICO-PATHOLOGICAL SOCIETY, WASHINGTON, D. C.

In choosing a subject for my paper to-night I can do no better than take a case that has been under my care for over one year, a patient suffering with "petit mal."

Before entering upon any details of the case itself I shall speak briefly of epilepsy in a general way.

What is epilepsy? Epilepsy, we are told by many writers, is known as falling sickness, morbus sacer, morbus comitialis. The name is derived from the Greek and means "seize upon." It is a cerebro-spinal disease; may be idiopathic or symptomatic, spontaneous or accidental, which occurs in paroxysms with no certain intervals between. In a stricter sense, the term is used to denote a functional neurosis, the seat of which is still unknown. Anatomical research has thrown no light on its pathology. Brown-Séquard says that the true seat of epilepsy is in the nerve cells, having the power of producing morbid reflex muscular contractions. The location of these cells must be variable, as is shown by the fact that the first symptoms of an attack may be in quite different parts of the body. This theory has been partially borne out by the fact that irritation, both real and artificial, of certain organs and parts of the body produce symptoms epileptiform in their nature. These cells are supposed by some to be located in the brain cortex, also that of the spinal cord. Schröder Van der Kolk lays special stress upon the origin of the attack in the medulla oblongata. Nothnagel is the discoverer of the "spasm center" in the pons.

There are many theories as to the origin of the attack, the primary cause of the aura, but none of them are as yet satisfactory. Today we are scarcely more advanced in the etiology and pathology of epilepsy than our brothers centuries back.

The course of the disease is, in the great majority of cases, chronic, lasting for years, and, in many patients, through their lifetime. Those cases beginning early in life have much less chance of disappearance than those beginning late. Cases with an hereditary predisposition rarely, if ever, get well. Many cases coming on late in life, "epilepsie tardive," are completely cured. In those cases of traumatic origin, where the lesion can be located and removed, the results are brilliant.

Two forms of classical epilepsy are recognized, the grand mal and the petit mal. Grand mal is characterized by loss of consciousness, convulsive movements of the muscles, commonly called fits, and falling. The fit may attack suddenly, or the patient may be conscious of a peculiar sensation in some part of the body, called "aura epileptica." In all cases of grand mal there is a loss of sensation, sudden falling down, distortion of the eyes and face, countenance of a dusky hue, grinding of the teeth, foaming at the mouth, convulsive movements of the legs and arms—in many cases a position of opisthotonus, or pleuristhotonus; difficult respiration, which at times may be stertorous and occasionally involuntary discharge of feces and urine. The tongue

may be badly bitten. Following the seizure, the patient has headache, stupor and lassitude, and has not the least remembrance of what has transpired.

The usual duration of a paroxysm is five to twenty minutes; occasionally it is over in a few seconds, and in others it lasts several hours. There may be many attacks in the twenty-four hours. I was told of a woman, a patient at the Washington Asylum Hospital, a few years ago, who had 128 attacks in one day. On the other hand, many months or years may elapse between the attacks.

Petit mal, the lighter form of epilepsy, is characterized by loss of consciousness, often preceded by vertigo and the aura. The mind of the patient becomes, in the milder cases, a blank, which lasts from a few seconds to a few minutes. These seizures are often spoken of as blanks, faints, forgets, absences, etc. This form is not accompanied by convulsions or falling. It is this form of which I wish to speak more particularly this evening in reporting my case.

Epilepsy in any form *per se* is rarely fatal. In the severer form it is apt to lead to mental imbecility. The prognosis in any case of epilepsy is difficult and must be given most guardedly. The minutest details of the case must be considered. Age and sex have little influence in the etiology of the disease.

Brown-Séquard states that the commencement age in eighty-seven out of 1000 cases were so at birth, twenty-five under one year of age and four from sixty to seventy. Heredity as a cause is most undeniable. Neurotics are more apt to have epileptic children.

Puberty may be a cause of epilepsy, both in the male and female. This is clearly proven by the large number, male and female, affected between the ages of ten and twenty, there being 364 out of 1000 cases. I can recall at least six or eight cases, equally divided as to sex, between the ages of ten and twenty. The case of which I shall speak had his first attack when fourteen. Several epileptics have presented themselves in my service at the Eastern Dispensary. As far as I know none of these cases have gotten well. They have all, with two exceptions, been helped to a slight degree. Two of them, under the care of other physicians, came under my observation about ten years ago and are no better today than at any time during that period. One of these, a young woman, now about twenty, suffering with grand mal, belongs to a family who have spared no expense to give her the best treatment that this or any country can afford. They now reside in Baltimore, and, I believe, she has been in the Johns Hopkins Hospital and is constantly under medical supervision, all to no good. In fact, I am sure before she is much older, she will succumb to tuberculosis, which has developed as an intercurrent disease during the past five years.

The diagnosis of epilepsy, in any form, is not by any means an easy matter. Only after repeated and careful examinations, when we are able to exclude organic brain diseases, many symptoms, due to dyspepsia, and the many reflex nervous phenomena, are we justified in making a diagnosis of true epilepsy.

The various reflexes should be carefully examined. We should always, if possible, locate the aura, inquire and look for scars and lesions of any kind, if they exist. The history of the case should be complete from the beginning. Prof. Ludwig Hirt, in his celebrated work on "Nervous Diseases," says that it is our first duty in taking charge of a case of epilepsy to study carefully the attack itself. No two cases of epilepsy are exactly alike. Nearly every case has its own peculiarities.

We now come to the treatment. The treatment of a case of epilepsy, no matter of what form, is a bugbear to the physician. The remedies are legion. I can do no better than quote Professor Hirt:

"In the course of centuries such an array of medicaments has been recognized to combat this disease that there is hardly a drug in the shops which has not at one time or another been regarded and praised as an infallible 'specific.'

"Unfortunately all these claims have been proved to be false. We are today as little in a position to cure epilepsy as we were one or five centuries ago. Only by the discovery of some causes which

may produce epilepsy, the removal of which lies in our power, has any progress been made in the treatment of the disease. This more particularly applies to reflex epilepsies. Here a cure is possible —nay, we may say even certain, if we are able to remove the cause. To discover it must be the physician's aim."

In these reflex cases of which Professor Hirt speaks the operation of trephining is the popular means of relief. Should the primary cause be an old or recent painful or irritating cicatrix it should be excised. Affections of the intestines or sexual apparatus should be looked for and treated. More than one case of a tight or adherent prepuce has given rise to severe epileptiform symptoms, which have promptly disappeared after circumcision. These are the favorable cases in which it is within our power to obtain brilliant results, but the number of them is small. In the large majority of cases we are not able to find any cause; therefore we can accomplish practically nothing in the removal of the disease. We are forced to try first one remedy and then another in the vain hope that we may find something to relieve our patient. We cannot tell him that we are unable to do him any good, for he will promptly go to some one else, with, possibly, the same result. We are often put to our wit's end to devise a way to hold on to our patient and keep his confidence.

Without going through the long list of drugs and quack remedies that have been used for centuries, all of which have been lauded, I will first mention the bromides. Locock, in 1853, was the first to recommend the use of bromide of potassium in the treatment of attacks, since which time it has gained a wide reputation throughout the world. Its therapeutic action lies in its power of diminishing the reflex irritability and of lowering the blood pressure in the brain. It unquestionably heads the list of antispasmodics, and is regarded today as the most important therapeutic agent in the treatment of epilepsy. Most physicians do not use the potassium salt alone, but combine with it those of ammonium, calcium, lithium and sodium. The combination seems to act better than either of them alone. The dose and time of administration are very important. Small doses are ineffectual.

The consensus of opinion is that one large dose be given once a day, and that on retiring. The average dose in an ordinary case is two drachms of the combined bromides, the effect to be closely watched. This can be gradually increased if there is no relief, and must be continued for a long period, unless some idiosyncrasy is manifest. Many other remedies are used, such as silver nitrate, the preparations of zinc, copper, arsenic and iron and the many antispasmodics.

Unfortunately, in the large majority of cases, these means are ineffectual and the best that can be done is only palliative.

Many cases are reported showing the happy results obtained from iron. I have two patients now on the hydrocyanate of iron, one a case of hystero-epilepsy in a young married woman. I began it three times daily three weeks ago. During this period she has had no attacks, and looks and feels better than she has for six months. The other is my patient suffering with petit mal, whose case we will now consider.

On July 6, 1895, Mr. N. consulted me by the advice of Dr. C. After an introduction the doctor's letter ran thus:

"This is a case of petit mal. Patient has suffered from momentary attacks of unconsciousness for some years past. He has been treated by several doctors for his trouble, as he will tell you. Dr. L. told him that his disease was indigestion and not epilepsy. He treated him accordingly, but without benefit. The late Dr. H. L. treated him for the same—indigestion—also without benefit. Dr. K. diagnosed his case as epilepsy, and, I believe, saturated him with bromides; kept him on them for eighteen months; no benefit. He came to me six weeks ago. I diagnosed his case petit mal, and, believing that his trouble was aggravated by improper digestion, I regulated his diet; gave him mild cathartics and comp. pepsin powder for several days. This made him feel better, but the frequency of attacks was not diminished. I put him on nitrate of silver in pill one-quarter

grain t. i. d.; no effect. Increased to four times a day; no effect. Then every three hours, which made him complain of bad feeling in head. As there was no diminution in number of daily attacks I stopped that treatment and put him upon small doses, 1-500 grain atropine. Under this drug he said he felt well, but the daily attacks were no less frequent. I then thought that possibly he had tape-worm. I was prompted to this idea by his saying that always just previous to an attack he had a peculiar feeling in his stomach, indicating the place by putting his hand over the region of transverse colon. I consulted Dr. H., who, in turn, talked with Dr. B. on the subject. They thought tape-worm a strong probability. I forgot to mention that patient, in reply to my question as to symptoms of tape-worm, said that although he had never seen any evidence of worm he frequently had itching and tickling at anus. Working on this theory, we decided to have his feces put to microscopical test. A liberal sample of patient's feces was sent to Dr. Haslett, Bureau of Animal Industry. The examination failed to show any indication of worm, but Dr. Haslett declared that patient's food passed through stomach and intestines in an undigested state. I then placed patient on milk diet absolutely and Rochelle salts before breakfast. Eight days of this diet has resulted in nothing. Attacks are as frequent as ever. There seems to me at times indication of cerebral congestion. There may be some lesion of the brain. I have not examined for that."

And so the patient came to me. I found a man thirty-three years of age, married ten years, father of one child, a boy seven years old, the picture of health. Family history good; father, mother, one brother and three sisters all living and in good health. No hereditary taint of epilepsy on either side of the family, except a cousin on father's side, a young woman who had epilepsy until her death. Patient as a boy was healthy, fond of and ate many sweets and pastry. At fourteen years of age, while at school, had his first attack of unconsciousness. These attacks, sometimes a dozen a day and at other times only one or two, were preceded by a sick feeling, approaching nausea, in the stomach, which seemed to rise rapidly to his head, when he would become unconscious. These periods of unconsciousness would last only a few seconds, with no ill effect following. This condition lasted until he was twenty, when they ceased. Had no return until six months after he was married, nine years ago. They have continued almost without an interruption since. I have examined him thoroughly; no history of any injury, no lesion or scar; genitals in a healthy state; reflexes normal; vision good; is of a nervous type; has slight aphasia; constipated habit.

I restricted his diet; no meat, fresh bread, pastry or sweets; no coffee or tea; no potatoes (sweet or Irish); no beans—in fact, I cut off all starchy food. Allowed vegetables (except those mentioned), eggs, chicken, fish, oysters (except fried)—nothing greasy in any form. Ordered a hot soapsuds enema every other night for ten days, to be taken on the back, with hips elevated about a foot, as large a quantity as possible (not less than half a gallon), and to be retained as long as possible, and put him on a combination of the bromides. After ten days of this treatment he reported with the following result: Only two noticeable attacks, six or eight momentary periods; nervous, and a peculiar feeling in stomach much less. Increased the bromide to one and one-half drachm t. i. d., sixty-six grains a day. July 26, 1895, reported again; only one perceptible attack since July 16; fewer momentary periods; less sick stomach; no vertigo or fullness in head. Treatment continued, to return again August 1. Has not felt so well since last visit. Increased bromide to thirty grains t. i. d. Continued this line of treatment for several months. Some weeks he would appear to be having fewer attacks, others as many as ever.

January 1, 1896. Had not seen him for fifteen days; only three attacks during that period and those very slight, momentary, not noticeable. Increased bromide to 135 grains a day. I continued this until symptoms of bromism were manifest, when I gradually diminished the dose to fifteen grains t. i. d. During

the spring and early summer he had an unusual amount of care and worry incident to his business, which increased the attacks. He began to feel and look badly, worse than at any time since he had been under my care. I now insisted upon his cutting loose from his business and going away. He went to Atlantic City the latter part of August, where he remained until October 1. He returned to the city October 1, contrary to my advice, and called to see me October 5. His general physical condition was much improved, though he said he was worse than he had been for a year, having the attacks more frequently and severer. He had several during the night. As he had not taken any bromide for nearly three weeks I put him back on it, thirty grains to be taken half an hour before retiring. I also gave him hydrocyanate of iron.

October 15, ten days since last visit, says there is no improvement in number or severity of attacks—in fact, if anything they are worse. Cannot sleep; dreams all night; can't remember; is irritable; feels as if he is losing his mind; declares that if something definite is not done for his relief he will not be responsible for the result. I increased the hydrocyanate to four grains a day, giving him a very positive talking to.

October 20 I received an urgent telephone message saying he was worse. I found him at his home up and dressed, flushed and very excited; said he thought he was going to die; had suffered the worst attack he had ever had. His entire left side was numb, and was powerless to use it; thought he was paralyzed. He came home on a car alone. Felt in a dazed condition. This was preceded by the usual aura from the stomach. All of these symptoms had disappeared when I arrived. There was no rise of temperature; pulse 72, strong, full and regular; heart's action regular, sounds normal. There was nothing abnormal in his condition that I could find. I now increased the bromide, a second dose of fifteen grains, three hours after retiring if restless and could not sleep, the hydrocyanate of iron to be continued, one grain four times a day.

I suggested a consultation with Dr. W. W. Godding if he felt so certain that he was going to lose his mind (I saw nothing wrong mentally; talked as rational as I did). He said he would think about it and let me know. I left him feeling better and in good spirits, with a request to see me again in about five days. Did not see him again for fifteen days (the 4th inst.). I never saw such a marked change in a man. He was the picture of health, cheeks rosy, eyes clear and sharp, tongue perfectly clean, no more constipation, no nervous or sick feeling in stomach, no pain in head, sleep very much better, dreams less and is much more cheerful; no severe attacks, momentary attacks fewer in number and of less severity. I am sure the severe attack he had when he sent for me was due to some unusual business worry and possibly some indiscretion in diet. I increased the bromide and iron. Have not seen or heard from him since the above date, so I judge he is progressing; at least I hope so. This is a most interesting case to me, and if any member present can throw out any suggestions, therapeutic or otherwise, it will be thankfully received. I hope the discussion will bring out some interesting facts in regard to the disease itself.

Medical Progress.

PROGRESS IN GYNECOLOGY AND OBSTETRICS.

By George W. Dobbin, M.D.,

Assistant in Obstetrics, Johns Hopkins University.

THE NEW UTERINE INCISION IN CESAREAN SECTION.

A LITTLE more than a year ago Fritsch[3] of Bonn advised that in Cesarean section the uterus be opened by a transverse incision at the fundus instead of the usual longitudinal incision which has been in use ever since the operation has been known. This incision was suggested to him some time before while watching Kaufmann doing a Cesarean operation. Fritsch, being anxious to view the os internum from within, asked Kaufmann to open the uterus by a transverse fundal incision, which, being done, Fritsch was

struck with many advantages that this method of operating possessed. He was very anxious to put this theory into practice, but unfortunately his next eight cases proved to be Porro operations, and for that reason unsuitable for the incision, and it was not until a year ago (May, 1897) that he was able to test the efficacy of the new operation. He was so much pleased with the result, however, that he advises it to be done in all cases of conservative Cesarean section.

He calls his incision the transverse fundal incision (Quere Fundalschnitt), and, as its name implies, is best made across the fundus of the uterus from one tube insertion to another. According to its originator it presents the following advantages over the old sagittal median incision:

(1) The abdominal incision can be made higher, the best situation being in the median line, so that the umbilicus lies at about the middle point of the incision. This is said to lessen the tendency toward the production of future herniae. (2) The operation is cleaner, and the danger of infecting the peritoneum from an already infected uterine cavity is decidedly less, for when the fundus of the uterus is rolled out of the abdominal incision its edges can be closely applied to the uterine body by the hands of an assistant or packed around with sterile gauze. (3) No blood or liquor amnii escapes into the abdominal cavity, but all runs out. (4) Bleeding from the uterine wound is remarkably insignificant, and as soon as the larger placental sinuses have emptied themselves the hemorrhage will cease without compression. (5) The feet of the child present at once on the incision, and its extraction is almost instantaneous. (6) Rapid shrinkage of the wound during retraction of the uterus, in the case operated on by Fritsch, was very remarkable. (7) By using this incision the total duration of the operation is greatly diminished. (8) Another advantage, as pointed out by the author in a previous communication in the enucleation of subserous myomata, is that if the incision be made in a transverse direction it will run parallel to most of the larger vessels; thus less will be wounded, and the sutures when applied will lie perpendicular to the long axis of the vessels, acting as ligatures. Fritsch has noted that often after the application of the first ligature in one corner of the wound all hemorrhage ceases.

Since the publication of his report (May 22, 1897) enough time has not elapsed and a sufficient number of cases have not been operated on by his method to put the operation on a very firm basis. However, on looking over the cases which, up to this time, have appeared in the various journals it appears that the incision has many of the advantages which Fritsch claimed for it, and that in the conservative Cesarean operation it is by far a better incision than the old longitudinal one. The operations reported up to date are by the following operators: Kirchhoff,[7] Seidentopf,[12] Clemenz,[2] Steinthal,[13] Reyinga,[11] Hain,[4] Knauer,[8] Halban,[5] Everke,[14] and Braun,[1] each one case, and Heidenhain[6] and Reidinger,[10] each two cases, making in all fourteen cases, and all of these operators, with the exception of Everke and Braun, speak in the highest praise of the incision.

In the main all who think well of the incision agree that the extraction of the child is accomplished with the greatest ease, the hemorrhage is comparatively slight and can always be controlled by compression exerted by the hand of an assistant, the rapid shrinkage of the uterine wound makes its closure by sutures a very simple matter, and it is with the greatest facility that blood and liquor amnii can be kept out of the abdominal cavity. The cases reported by Clemenz and Seidentopf are particularly good test cases, for in that of Clemenz the patient had an extensive carcinoma of the portio vaginalis, and in Seidentopf's case she was in such a precarious condition at the time of her admission that he at first decided on craniotomy; later, however, the child being alive, he did the Cesarean section and removed the uterus, as it was severely infected. She made an excellent recovery. Heidenhain compares Cesarean section done in this way to the simplest ovariotomy. In the case of Steinthal there was a peculiar complication, and it was necessary to combine

both longitudinal and transverse incisions in order to effect the delivery of the child. His patient was brought to the hospital three days after the beginning of labor, which was obstructed by a subserous myoma incarcerated in the pelvis; there was a well-formed contraction ring, and very well-marked thinning of the lower uterine segment, which so tightly held the head of the child that it was impossible to extract by the transverse incision alone, and it was necessary to supplement this with a longitudinal one. The result was favorable for both mother and child. In the cases of Reidinger and Reyinga the children were excessively large, and the former of these two operators considers the easy extraction of such infants a signal advantage of the method. In his cases the children weighed 3600 and 3980 grammes, respectively, and in the case of Reyinga 4020 grammes.

As we have said above, there have been two unfavorable reports given. These cases are reported by Everke and Braun. Everke lost his patient by sepsis, and Braun was troubled by great hemorrhage from the uterine wound. It appears also that in the former case there was great bleeding, which could only be checked by tightly tamponing the uterus. This patient died on the 9th day, and at the autopsy there was found purulent peritonitis; the uterine wound was badly healed and its edges were necrotic. This Everke attributes to the ligation of both branches of the spermatic artery. He speaks very unfavorably of the operation, and considers that the danger of adhesions forming between the uterine cicatrix and stomach, intestines and omentum, and thus producing bad symptoms during involution, is a distinct disadvantage of the fundal incision. Also if abscesses form in the uterine wall at the fundal incision they may rupture into the peritoneal cavity, which does not occur if the longitudinal incision is used. Braun's case recovered, but the marked hemorrhage which occurred from the uterine wall was a decided obstruction, and required a great many ligatures and sutures before it could be checked. Both of these men, in particular Everke, have been criticised by those above mentioned, and it appears that the general opinion is that the objections offered by them are groundless.

Fritsch, as he claims, is the originator of the transverse fundal incision. It seems, however, that another fundal incision, which is not in the transverse, but in the sagittal direction, has been used for the past six years by P. Müller[9] in Bern. Müller claims great advantages for the fundal incision over the usual one in the anterior uterine wall, but does not say if or if not he thinks his incision better than the transverse one of Fritsch. The incision of which he writes is made at the fundus of the uterus, in the median line, so as to divide both anterior and posterior walls equally. It being entirely at the fundus, there is no involvement of the lower uterine segment, which, as is well known, becomes so thin in prolonged labor, and thus the difficulty of suturing so thin a membrane and the danger of severe hemorrhage, particularly when the placental site is on the anterior wall, are avoided. Moreover, in subsequent pregnancies the cicatrix is not situated in the lower uterine segment, and the integrity of that area (so liable to rupture) is maintained. He claims that as in the transverse incision there is little bleeding and no difficulty in keeping blood and liquor amnii out of the abdominal cavity.

The last report of a case operated on by the method of Fritsch presents some very practical points, the application of which fit so well into this method of operating that a somewhat fuller abstract will not be out of place. This case is reported by Halban and is the second Cesarean section which had been done on the patient under consideration. This being the case, the making of subsequent pregnancy impossible was an important step. Halban begins his paper with a critical review of the various methods of making a woman sterile at the time of Cesarean section, and speaks of the inefficacy of simple ligation and simple division of the tube. He mentions a method recently put forth by Neumann, in which a wedge of uterine muscularis, containing that end of the tube, is removed. This has been done successfully by Schauta in cases of salpingitis ithmica

nodosum. He then reports his case, which in brief is as follows:

Patient, aged thirty-one. II-para. As a child definite history of rhachitis; pelvis is generally contracted rhachitic, with a conjugata vera of 6.2 cm. Her first child weighed 2350 grammes and was delivered by Cesarean section. Operation: The abdomen was opened in the old scar and a few adhesions between the uterus and anterior abdominal wall easily broken up. The uterine cicatrix from the old section is intact and the silk ligatures are encapsulated. Uterus rolled out and the abdominal wound packed around it with gauze. Both tubes were then ligated at a point about 4 cm. from their external insertion. Uterus opened by a transverse incision running from the under border of the right to the under border of the left tube. The placenta being situated at the fundus to the right, and wounded at the incision, there was some bleeding at this point, but none from other portions of the incision. Extraction with greatest ease and entire cessation of the hemorrhage after removal of placenta. The incision was now carried around the upper border of each tube and the portion of uterine wall containing the pars interstitialis removed. The tubes are now free and hang with their stumps of uterine tissue in the abdominal cavity. The uterine incision is now closed in the usual manner. With a pair of scissors the tube is cut proximal to the point where the ligature was applied early in the operation, and the intervening portion of tubes, together with the stump of uterine wall, entirely removed. After closing the two layers of broad ligament over the proximal end of the remaining portion of tube the operation is completed.

It is, of course, impossible to say, in the light of so recent a proposition and so few cases operated on by the proposed method, what place the transverse fundal incision will occupy in the future. We can only wait until further investigation settles that point. However, the fact that the operation has met with the favor of such investigators as cited above, together with the extreme ease with which it allows permanent sterilization of the patient, are strong points in the probability of its becoming a permanent step in the technique of Cesarean section.

References.

[1]Braun, G., Geb. u. Gyn. Gesell. zu. Wien., Centralblt. f. Gyn., 1897, No. 45.
[2]Clemenz, Centralblt. f. Gyn., 1898, No. 10.
[3]Fritsch, Centralblt. f. Gyn., 1897, No. 20.
[4]Hain, Wiener Klin. Wochenschr., 1897, No. 52.
[5]Halban, Centralblt. f. Gyn., 1898, No. 31.
[6]Heidenhain, Centralblt. f. Gyn., 1898, No. 24.
[7]Kirchhoff, Deutsche Med. Wochenschr., 1897, No. 39.
[8]Knauer, Wiener Klin. Wochenschr., 1897, No. 49.
[9]Müller, P., Centralblt. f. Gyn., 1898, No. 9.
[10]Reidinger, Centralblt. f. Gyn., 1898, No. 29.
[11]Reyinga, Ref. Centralblt. f. Gyn., 1898, No. 29.
[12]Seidentopf, Centralblt. f. Gyn., 1898, No. 4.
[13]Steinthal, Centralblt. f. Gyn., 1898, No. 14.
[14]Everke, Ref. Clemenz, l. c.

* * *

Diphtheria of the Vulva.—Williams (American Journal of Obstetrics, August, 1898): All cases of the so-called diphthretic forms of puerperal infection in which there is a distinct membrane covering the ulcerated surface, be it on the vulva, vagina, cervix or endometrium, are not diphthretic in the true sense of the word, but for the most part are due to the streptococcus pyogenes. This was conclusively shown by Bumm some time ago. As well as the author has been able to ascertain there have, up to this time, been only two cases of true puerperal diphtheria reported by Bumm and Nisot, in both of which the bacillus of diphtheria was found and both recovered on the administration of antitoxine.

Williams reports a case of true diphtheria of the vulva which he recently saw in consultation. Patient of German extraction, aged twenty. Her first labor was

eighteen months ago and was ended by forceps. The present labor was very easy, and up to the fifth day she did remarkably well. On this day she got out of bed and was about the house for the next week, when she noticed pain and swelling of the vulva. As both of her children had died during the week with diphtheria, the physician in charge of the case suspected that affection of the vulva. The author saw the patient on the twenty-third day of the puerperium, her only complaint being at that time pain on passing water and pain about the vulva when she sat up in bed. On spreading the vulva apart it was noticed the inner surface of both labia majora and labia minora were covered by a grayish-white, firmly-adherent membrane 1-1.5 mm. thick, densely adherent, and when removed by desecting forceps left a raw, bleeding surface. This membrane extended a short way up into the vagina, but the greater part of the vagina, together with the uterus, tubes and ovaries, were normal. Cover-slips cultures and animal inoculations from this membrane showed the presence of the Klebs-Loeffler bacillus of diphtheria. The patient was given 2000 units of Mulford's antitoxine and the genitals kept clean with boracic acid solution. She made a complete recovery. These seems to be little doubt that this case was infected by the physician in charge, as he had several cases of malignant diphtheria under his care at the time of her confinement.

* * *

Bacillus Typhosis in the Puerperal Uterus.—Dobbin (American Journal of Obstetrics, August, 1898) reports a case of puerperal infection in which the typhoid bacillus, together with the streptococcus and staphylococcus, were isolated from the uterine lochia. The patient, a Bohemian, aged twenty-four years, was admitted to the Johns Hopkins Hospital complaining of fever following confinement. She had been delivered by a midwife five days before admission, but a few days later, as she became quite ill, she called in a physician, who, recognizing the gravity of the trouble, brought her to the hospital. Examination on admission revealed nothing except an infected uterus to account for her high temperature, and a little of the uterine lochia was removed for examination; by the method of Döderlein. This secretion, when examined bacteriologically, showed three different organisms; the streptococcus, staphylococcus and a bacillus which was definitely proven both by cultural and staining methods to be the bacillus typhosus of Eberth Gaffky.

In discussing the method by which this organism gained access to the uterine cavity the author considers two possibilities—either that the patient was in the midst of a typical attack of typhoid and went into labor as a result of this disease; thus the organisms which may have been circulating in her blood and probably in the act of passing over from mother to fetus were simply found in the uterine cavity, where some of them remained after separation of the placenta. On the other hand, the patient did not have typhoid fever at all, but was delivered by a dirty midwife in a bed in which only a short time before her husband had died of this disease, and the organisms of typhoid were introduced with the streptococcus and staphylococcus by the examining finger. Under this theory the case falls into the category of mixed puerperal infection, and the author is inclined to hold this view rather than the former one as to the case being one of atypical typhoid. The author has been unable to find a similar case in the literature, and considers this case the first to show that the organism of typhoid fever may stand in a causative relation with puerperal infection.

* * *

Alkalies in Dyspepsia.—The choice of an alkali in an acid dyspepsia is not an indifferent matter, as Dubard has shown in the Journal of the American Medical Association that the acidity and pyrosis connected with the presence of organic acids in the stomach are rendered more intense by sodium bicarbonate, while they are favorably affected by the magneso-calcareous powders. On the other hand, in true "hyperchlorhydrie," especially when there is pylorism, the preparations of lime and magnesia aggravates these conditions, while sodium bicarbonate is beneficial.

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BALTIMORE, SEPTEMBER 17, 1898.

Diseases of Warm Climates.

THE medical aspects of the late war have been fully made public in medical and lay publications, but the exact significance of the diseases peculiar to this new territory to the future of medical practice is not yet clear. Diseases of the tropics have, as a rule, been very unfamiliar to the physicians farther north, and of the diseases which occur in Cuba and vicinity many are entirely unknown to most physicians of the United States.

The addition of a section on tropical diseases at the late meeting of the British Medical Association shows what importance the English attach to the study of these diseases, and the proximity of these countries lately acquired by the United States will necessitate more than a mere book knowledge of tropical diseases on the part of physicians of this country.

Yellow fever, for example, is no more than a name in the minds of many, and the venereal diseases in their worst form are probably not often seen in such a variety as in the warmer climates. The malarial fevers, too, are of such a virulent type that they would hardly be recognized by those in the North. In the far East the plague plays such havoc with the people that physicians there see many cases and have frequent opportunities to study the disease at the autopsy.

Dr. Patrick Manson of England seems at present to be the recognized authority on these tropical diseases, and from his own observations and also from those of Ross certain facts have come out about the plasmodium of malaria and the connection between that disease in man and its transmission to man through mosquitoes and birds.

These subjects will in time form an important part of the medical education of the future, and candidates for graduation will in future be expected to be skillful in the examination of blood and in searching for the malarial organism as they now examine the sputum.

* * *

The Opening Season.

Now that the warm season is rapidly becoming a thing of the past summer resorts are closing their doors and the traveler is returning to his home to take up the thread of work interrupted by the excessive heat. While the physician is never supposed to be idle, as sick persons need attention all the year around, he will now begin to look forward to the routine school and hospital work and to the opening of the medical societies.

Physicians all over this country will be giving their impressions of the war and drawing lessons from the conduct of the medical departments of the army and navy, and many papers will undoubtedly treat of subjects having for their foundation the experience gained in this campaign. If such statements can be made without bias and perfectly fairly they will be worthy of the attention of the societies and the journals, but much will be said that is based on insufficient foundation, and many a supposed wise man will give birth to a paper on subjects with which he is not sufficiently acquainted. On the whole, however, there will be much that will add to our knowledge of medicine and will enrich the works on the practice of medicine.

The effects of gunshot wounds from modern rifles and larger guns will be illustrated by cases and specimens, and the surgeon who gained experience in the Civil War will have to revise his knowledge of gunshot wounds and learn something from the late war.

In spite of the war this country seems to be in a state of great prosperity, and, of course, the successful result has contributed in great measure to this success. For this reason all will share in this prosperity, and the physician will not be forgotten. New fields will be opened to the recent graduate and new activities will be aroused.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 10, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	9
Phthisis Pulmonalis	..	8
Measles	2	..
Whooping Cough	4	1
Pseudo-Membranous Croup and Diphtheria	55	10
Mumps	..	..
Scarlet Fever	7	1
Varioloid	..	..
Varicella	1	.
Typhoid Fever	34*	7

*18 of these cases were contracted out of town.

York, Pa., will be thoroughly sewered.

Reading, Pa., has a serious typhoid epidemic.

Dr. F. D. Wheelwright of Union, W. Va., is dead.

Blockley Hospital, in Philadelphia, will soon be enlarged.

English medicine will be represented at the Paris Exposition in 1900.

Dr. George S. Hanna, a leading physician of Martinsburg, W. Va., is dead.

The Queen-Dowager of Holland intends to found a hospital for consumptives.

There are many good openings for physicians who care to go to South Africa.

Vincenzi has been making a study of the bacteriology of holy water and finds it full of dangerous organisms.

For the first time Portsmouth, England, will have the honor of receiving the British Medical Association in 1899.

The Cornell University Medical College of New York has received a million and a half from Col. Oliver H. Payne.

A facetious daily paper defines an autopsy as a method employed by doctors to determine the nature of the patient's ailment.

Madame Péan has presented the valuable collection of anatomical and pathological casts to the Hôpital Saint-Louis in Paris.

The publisher of a paper in a region infected with smallpox is said to have every copy of his paper disinfected before distribution.

Typhoid fever is epidemic in Belfast, Scotland. Six hundred cases have been reported in three weeks and all the hospitals are crowded.

Queen Amelia of Portugal is said to be an accomplished physician, and took up this study in the endeavor to reduce the weight of her corpulent husband.

The Italian government has decided not to modify the law in regard to outside physicians, and will allow the English physicians to remain who are already there.

A recently-issued catalogue of the Chicago College of Osteopathy contains the statement that the "orificialist surgeon," E. H. Pratt, one of its faculty, is a member of the Chicago Academy of Medicine. We are informed that this is not true.

At the recent meeting of the American Climatological Association the following officers were elected for 1899: President, Dr. Beverley Robinson, New York; vice-presidents, Drs. James A. Hart, Colorado Springs; R. C. Newton, Montclair, N. J.; secretary and treasurer, Dr. Guy Hinsdale, Philadelphia.

Professor Virchow is announced to deliver the introductory lecture to students at the opening of the Autumn Medical Session at the Charing Cross Hospital. The great pathologist has chosen for his subject the simple but comprehensive one of "Recent Advances in Science and Their Bearing on Medicine and Surgery," and he will speak in English.

Professor George Ebers, who died on August 7, at his villa on the Starnbergersee, in Bavaria, in his sixty-second year, though best known to this generation as a writer of romances, will be longest remembered as the discoverer of the famous medical papyrus which bears his name. He made the discovery in Thebes during his second visit to Egypt in 1872.

The *New Orleans Medical and Surgical Journal* says there are several reasons why houses should not be placarded, and various ways in which placarding is productive of harm. The state of panic created is certainly an evil, for it is well known how difficult it is to deal with frightened people. Probably the greatest harm which comes from placarding is that it increases the number of cases that are concealed. The public and physicians join hands in this practice, and it is only what might be expected.

Washington Notes.

The post hospital at Washington Barracks, the Sternberg and Sanger field hospitals at Chickamauga Park, and the military hospital at Ponce, Porto Rico, have been designated as general hospitals, and are placed under the exclusive control of the surgeon-general of the army.

The annual report of the Columbia Hospital shows that during the year 606 patients were received and 502 discharged. The daily average was fifty-seven. The number of operations performed was 240. Of this number, 137 were capital. In the nurses' school there are thirty-four pupils under training. An appropriation of $25,000 is asked for the maintenance and current expenses for the year ending June 30, 1899.

The brief history of the medical department of the First Regiment, District of Columbia, as given by Major Pyles, chief surgeon, is interesting, and clearly demonstrates the mismanagement of the officials and untiring effort of the physicians to do their duty in the face of wonderful odds. At every location of his regiment Dr. Pyles found the medical supply depot poorly supplied, and a great amount of effort and red tape was necessary to obtain very little. There is no person who knows the needs of the regiment better than the surgeon in charge, yet every request was either penciled off or reduced as the officer saw fit. After landing in Cuba the Doctor was without his armamentarium for three days, and the men had little or no food and were without tents or change of clothing. Water could only be obtained from mountain streams in which floated dead and decomposed Spaniards, and no means existed for boiling it. All the well-known sanitary rules were of necessity broken. Dr. Pyles visited the supply depot and found that they had only 800 three-grain quinine pills for five regiments, and the hospitals had neither shelter nor beds.

Book Reviews.

The Diseases and Injuries of the Conjunctiva, Especially the So-called Granular Lids. By John H. Thompson, M.D., Kansas City, Mo. Hudson-Kimberly Publishing Co.

The author aims to give a study of diseases of the ocular mucous membrane, based upon its anatomy. The latter is given minutely in his first chapter, special attention being called to the lymphatic spaces and glands, the connective tissue framework and the vascular supply. He looks on Bowman's membrane as a part of the conjunctiva, not of the cornea. Chapter II gives a brief, instructive account of the pathology underlying the common forms of conjunctival inflammation. Careful perusal of these two chapters is necessary to an understanding of later parts of the book.

In the discussion of the inflammatory diseases there is nothing specially new, the remedies advised being, for the most part, strictly orthodox. It seems to us, however, that the author makes very free use of atropia in conjunctival diseases. Undoubtedly when there is tendency for conjunctival hyperemia to spread to the iris by means of the free anastomosis with the anterior ciliary and intraocular vessels, atropia serves the double purpose of preventing iritis and relieving pain. One sees the latter not infrequently in the passive hyperemia of the conjunctiva accompanying the asthenopia of ametropia. Both the pain and conjunctivitis (?) are speedily relieved by mydriasis; but when the source of irritation is reversed—that is, when there is a primary conjunctivitis—atropia is, in our experience, often an irritant. The eyes are irritable anyway, and mydriasis adds to the irritation. It is a question of diagnosis and demands a nice judgment.

The same criticism applies to the use of nitrate of silver in ophthalmia neonatorum. That it is the best remedy we have, the sheet-anchor in the disease, no one who sees much of it will deny; but that there are children, even among those afflicted with unquestionable gonorrheal ophthalmia, who get no better, but rapidly worse, from silver solutions is, we think, equally certain. If, following the author's advice, these cases are treated as we usually treat stubborn cases of gonorrheal ophthalmia in the adult, harm results. It is important to note the effect of the first few applications on the swelling, secretion and vascularity of the mucosa. In recognizing a so-called "leucorrheal" ophthalmia, and thus separating from the gonorrheal a number of cases of purulent conjunctivitis in which gonorrhea can be definitely excluded, the author takes, we think, a correct step.

On the whole the book is well and carefully written and repays study. There is quite a number of inexcusable errors in type.

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Original Articles.

MICROSCOPICAL DIAGNOSIS OF TYPHOID FEVER.

By H. Stuart MacLean, M.D.,

Lecturer on Bacteriology, University College of Medicine, Bacteriologist to Virginia Hospital, Richmond, Va., etc.

READ AT THE MEETING OF THE MEDICAL SOCIETY OF VIRGINIA, VIRGINIA BEACH, AUGUST 31, 1898.

The diagnosis of typhoid fever in obscure cases can often be confirmed by the use of the microscope. A positive diagnosis can be made by bacteriological examination of the stools, in which the typhoid bacilli will always be found. Unfortunately this method has not become generally used, because of the time and labor, as well as the variety of appliances necessary. Of late, however, the process has been simplified by the use of certain culture media upon which no bacteria but the typhoid and colon bacilli will grow. Elsner's method consists in the use of a mixture of gelatin, potato juice and iodide of potash, acid in reaction from the acids normally present in the potato. Upon this and other similar substances the development of the ordinary liquefying saprophytes does not occur, and a process which formerly took days of investigation and a large array of apparatus may now be done in much less time and with a very simple outfit.

The bacilli occur in the urine in about 25 per cent. of the cases; hence examination of the urine is apt to be negative. The infected urine usually contains albumen, although in a few cases it has not been present. Late in the disease the bacilli are apt to appear in great numbers. The importance of this observation lies in the necessity for the disinfection of the urine.

A most valuable confirmatory test which is very seldom used is examination of the blood. Cabot ("Clinical Examination of the Blood," page 170), in speaking of typhoid fever, says: "There are few diseases (outside of those known as diseases of the blood itself) in which the blood count is so often of value in diagnosis. The diagnosis of typhoid fever is to be made by exclusion—exclusion of other causes of fever and of local inflammatory processes in particular—"almost all local inflammatory processes have leucocytosis, while typhoid (uncomplicated) does not." In two cases, which clinically appeared to be typhoid, blood counts showed marked and persistent leucocytosis, and further developments proved them to be cases of abscess of the liver. This forcibly illustrates the value of blood examination for any deep-seated suppuration. In other cases the blood count has rightly differentiated between typhoid and appendicitis. Late in the disease various complications, such as otitis media, perforation or abscess, will lessen the value of this symptom, but in the early stages the absence of leucocytosis is strong confirmation of a diagnosis of typhoid.

Examination of the blood is indispensable in differentiating typhoid from malaria, the absence of the parasite, after careful search, being both proof that the case is not malaria and strongly confirmatory of typhoid, as these are most frequently confounded.

Occasionally the typhoid bacilli may

be found in the blood, but so seldom as to render no assistance, and only in typical and severe cases.

Widal's reaction is the most uniformly reliable test at our command. Even this reaction has failed in some few atypical cases. Dr. W. G. Thompson names 23 as the per cent. of possible error. This is not in accordance with the experience of many writers. His high per cent. of failures is probably due to the fact that he believes the test to succeed in 12 per cent. where it ought to fail. If the test be properly applied, accurate dilution employed and the previous history of the patient ascertained with reference to a previous attack of typhoid, such is not the case. Cabot says: "Out of over 1000 cases of various diseases not typhoid but four have been proved to clump typhoid bacilli with proper technique," and he suggests that even this small error may be avoided by improved technique. The method of applying this test is familiar to you all, consisting in the addition of fresh or dried blood, or blood serum from the suspected case, to a 12 to 24-hour peptone bouillon culture of the typhoid bacillus, in a proportion varying from 1-10 to 1-200. Upon examining a hanging drop slide of this mixture, if the case be typhoid, it will be noticed that the bacteria gradually move more slowly and gather together in groups, ultimately forming large, compact clumps, with few or many bacilli lying between depending upon the completeness of the reaction. In a typical marked reaction there are no free bacilli, and all motion is lost; in so-called pseudo-reactions there is only partial clumping and partial loss of reaction. The reaction may take place immediately or may be delayed for some hours. The cause of this agglutination, of the significance of which there can be no doubt, is not definitely understood. It is not due to the motility or any other vital force of the bacilli, and Widal and Sigard (paper read before the Society of Biology, Paris, February, 1897) have demonstrated that typhoid bacilli in bouillon, destroyed by the application of a low temperature, or the addition of a small quantity of formal may be used in place of the fresh culture. Unless the culture thus "embalmed," as Cabot calls it, is an active, fresh one the results are not so reliable. This clearly proves that the action of the serum is not germicidal. It has likewise been demonstrated by applying the serum of Arabs, in whom the disease is singularly rare, to cultures of typhoid bacilli with negative results, that the agglutinizing power of the blood is not necessarily connected with either natural or acquired immunity. It seems most likely that it represents the presence of active defensive agents produced in the course of an infection.

While I do not intend to describe the process in detail, I wish to call attention to one step. In making the test I have always used the serum obtained from a small flying blister. The fresh-blood method obscures the field, while the use of dried blood is inexact and the fibrin leads to false clumping. When the blister has formed sufficiently I withdraw the serum in a glass bulb, which is afterwards sealed at both ends. This bulb is made from an ordinary medicine dropper or a piece of glass tubing. The end is drawn out finely and sealed. Then at a point about one inch distant it is again drawn finely, care being taken not to occlude the lumen of the tube here. We now have a small chamber connected with the rest of the tube by a very fine opening and sealed at the distal end. When about to draw the serum the sealed end is broken off and the point is plunged into the blister, when suction is applied either directly to the glass tube or through a rubber tube and the bulb filled. Both ends are now sealed in the flame, and the bulb may be safely sent through the mail to a bacteriologist, or may be kept indefinitely for the purpose of demonstration, as during its preparation it is necessarily rendered sterile. This method has recommended itself to me because it allows of accurate and simple technique and by its efficacy.

During the past year I have been called upon to apply Widal's test in twenty-eight cases, and in twenty-seven of these the further clinical cause has substantiated the microscopic diagnosis. One case, examined upon the 12th day, did not give the characteristic reaction, and

the case ran a typical typhoid course. Unfortunately I did not have opportunity for making another test. These, I might add, were almost all cases in which some doubt was entertained as to the nature of the disease.

The profession at large have in the main failed to utilize microscopical methods as aids to accurate diagnosis, apparently not because of any knowledge that they are unreliable, but simply through indifference, not realizing that while the laboratory worker may work out these various methods, yet the task of applying them and proving their efficacy most assuredly lies with the practicing physician. Neither is it sufficient to show that a given test is subject to some variation or occasional error to warrant its rejection. The physician should demonstrate what value there is in it and then use it as occasion arises.

The general practitioner now must use the microscope as he does the thermometer and stethoscope, or have resource to some properly equipped laboratory. It is impracticable that every case be referred to a microscopist. The physician can and now must do much of it himself if he would give the patient the benefit of every means that will aid in the diagnosis or treatment of the case.

In closing, let me emphasize a few points:

(1) The absence of leucocytosis is strong evidence that an existing fever is typhoid, malarial fever being excluded by absence of the plasmodium.

(2) If leucocytosis does occur in the course of an unmistakable case of typhoid it indicates some untoward complication.

(3) Both feces and urine should be carefully disinfected throughout the course of the disease. Too often directions to this effect are omitted by attending physicians.

(4) Widal's reaction is diagnostic in many cases in which, at the time, clinical findings are obscure.

(5) The value of serum diagnosis, as well as other methods, must be determined by the practitioner who controls the case upon whom the tests may be made.

SLANTING WOUNDS OF THE HAIRY SKIN.

By A. K. Bond, M.D.,
of Baltimore.

The scalp, bearded part of the face or any other portion of the skin in which strong hairs are growing is cut at an acute angle with its surface by some sharp-edged instrument. Upon examination the surgeon finds two long-slanted flaps, and, the wound being uninfected and carefully cleaned, brings these into neat apposition along their whole extent by plaster or sutures. If inexperienced, he fully expects a quick union without suppuration when after some days he shall have removed the aseptic dressings.

On the contrary, when after a week of quiet he inspects the parts he is shamed and disgusted to find here and there along the wound-line either a moist ununited and separated portion or else an abscess or pus discharge. He disinfects most carefully and redresses with antiseptic gauze. A day or two later he finds more points of suppuration or little puffed-up, papule-like spots of irritation and disunion. Again and again he redresses, with the same result, until, in disgust, he determines to lay all the ununited parts open and let them heal as they will. He loosens the stitches or adhesive plasters, and, delving in the depths for septic matters, fishes out the free end of one or more stiff hairs half an inch long, which are growing from the bottom of the rebellious wound.

Now it dawns upon him what the nature of the trouble was. The portion of the hair which is next the root has grown again from the lower slanting flap, and, unable to find its original shaft-hole in the thin upper flap, has pressed its tip ever more strongly against the under surface, and by its continual irritation prevented union and led the way to suppuration.

The only treatment for this condition is to open the wound at the irritated point and draw out the tip of the growing hair, thus giving it free access to the surface. The wound then heals, but with the broad scar so noticeable in many cuts of the bearded cheek.

If it is important to obtain a narrow scar in slanting cuts upon such hairy surfaces the only way, apparently, in which this can be ensured would be to cut away the sloping edges of the under flap which contains the hair-roots until a perpendicular edge is secured, and then bring the upper flap neatly in apposition to it. It is probable that trimming off of the upper thin-edged flap is not necessary to a quick, accurate healing, with a slender scar. In two or three cases the writer has been much perplexed over this slow healing of wounds, which yields neither to antiseptics nor to stimulant applications, but only to freeing of the hair. In his cases the blemish of a broad scar was not serious, but in other cases it may be so.

THE SURGICAL TREATMENT OF A URETHRAL STRICTURE, WITH REMARKS.

By J. W. Henson, M.D.,

Professor of Anatomy, University College of Medicine, Richmond, Va.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, SEPTEMBER 13, 1898.

On March 27, 1898, I operated upon Mr. V. for stricture. For six or eight years the stricture had been so small that the bladder was constantly distended and the urine dribbled away, necessitating the use of a urinal.

I first cut down upon the stricture through the perineum, attempting an external urethrotomy, but not being able to find the minutely contracted opening, I then opened the bladder above the pubes, passed a sound from the bladder along the urethra to the stricture, and cut down upon its tip, thus completing the external urethrotomy. The top wound was closed and a rubber catheter fastened in the perineal opening.

The bladder had been so long distended that it was paralyzed, and when the catheter was removed at the usual time the man was unable to pass his water. The catheter was reintroduced, but though carefully cleansed daily it caused a septic inflammation of the vas deferens, epididymis and testicle of the left side. This began on the sixth day. The catheter was removed, the suprapubic wound reopened, and a smaller catheter fastened in it.

An abscess formed in the left side of the scrotum, which was freely opened.

About this time the patient began to complain of sore throat. In about five or six days more a swelling was observed on the right side of the throat opposite the thyroid cartilage. A week later the whole right side of the throat was enormously swelled and breathing was very difficult. By the use of poultices an abscess soon pointed above the sternum. After opening this the patient slowly grew better.

The temperature during this septic condition ranged from 101° to 103°. Iron, whiskey and beef juice were freely given.

The patient was confined to bed over two months. He is now well, with a fairly good urethra, but has lost the entire left testicle, which suppurated away.

This was clearly a case of pyemia, and I report it because it gives me a reason for an opinion I have for some time held, viz., that in the case of an impermeable stricture an external urethrotomy should not be attempted without the aid of a suprapubic cystotomy. In the first place, under the most favorable conditions, you are liable, without a guide, to fail to find the urethra and bladder and kill your patient. Some eminent surgeons have lost patients from hemorrhage through wounding structures outside the bladder. Some have lost them from exhaustion through taking hours to find the tract.

In the second place, when the bladder is distended, as it usually is in impermeable stricture, relations are interfered with, and it becomes much more difficult to enter it without a guide. Besides, though you pass your knife successfully into the bladder at the proper point, the least deviation of the knife from the direct line will insinuate the blade beneath the mucous membrane of the urethra, making a very imperfect canal and one very liable to contract.

An additional reason for my claim is that in these cases of impermeable stricture, the bladder being distended and paralyzed, and the urine, owing to cys-

titis, septic, the use of a catheter is necessitated for a long time to drain off the urine. This being performed through the perineal opening, damage may be done, and serious damage, as the above case shows, to the vas deferens and testicle. It may be avoided by draining through a suprapubic opening.

Society Reports.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

REGULAR MEETING HELD SEPTEMBER 13, 1898.

Dr. M. D. Hoge, Jr., president, in the chair; Dr. Mark W. Peyser, secretary and reporter.

Dr. J. W. Henson read a "Report of the Surgical Treatment of a Urethral Stricture, with Remarks" (see page 852).

Dr. J. M. Winfree reported a somewhat similar case. It was a stricture through which it was impossible to pass a filiform bougie. Suprapubic cystotomy was done and the bladder drained for a month, being washed out every day during that time with a hot boric acid solution. At the end of this interval he succeeded in passing a whalebone bougie and performed an internal urethrotomy.

Dr. Henson asked Dr. Winfree if the patient could pass water before the operation was done.

Dr. Winfree responded in the affirmative.

Dr. Henson said that put an entirely different aspect on the case. He had seen operations for external urethrotomy in which as soon as the perineum was incised the sound could be passed the whole length of the urethra before the stricture was cut. He was unalterably opposed to internal urethrotomy under any circumstances, as one worked in the dark and there was danger of death from hemorrhage and of septicemia.

Dr. Mark W. Peyser reported the following: Woman, age twenty-five years, of short stature; previous history very good; nervous tendency; had had three children, the last a still-birth at term. During the first stage of labor, upon attempting to arise from the bed she found she had lost the use of the lower extremities. Two weeks later I was sent for, and found her in this condition. There was anesthesia of the external surface of both legs, hyperesthesia of the internal surfaces; extension and flexion were possible to a limited degree; other motions absent. There was no involvement of either bladder or bowels, nor were there any symptoms that could be traced to the cord. Under iodide of potassium, arseniate of strychnine and tincture of cinchona she is progressing toward recovery. What was the cause?

Medical Progress.

Formaldehyde as a Disinfectant. Drs. William H. Park and Arthur B. Guerard, in a very elaborate article in the Philadelphia Medical Journal on the use of formaldehyde as a disinfectant in infected dwellings, clothing, books, etc., draw the following conclusions:

1. Disinfection of Infected Dwellings. Dwellings may be superficially disinfected by means of formaldehyde gas, all apertures being tightly closed, when employed in the proportion of not less than 1 per cent. by volume strength, the time of exposure to be not less than two hours and the temperature of the apartment not below 52° F. Under these conditions the common non-sporebearing pathogenic bacteria are surely and quickly destroyed, when freely exposed to the action of the gas. Sporebearing bacteria, such as anthrax bacilli, are not thus destroyed; they require at least twice the volume of gas at the same temperature for their destruction. But these are of such rare occurrence that in house disinfection they may practically be disregarded, and, if present, special measures can be taken to destroy them. The penetrative power of formaldehyde gas at ordinary room-temperature, even when used in double the strength necessary for surface disinfection, is extremely limited. Articles, therefore, such as bedding, carpets, upholstery, clothing and the like, should be subjected to steam, hot air or formaldehyde disinfection in special apparatus constructed for the purpose.

2. Disinfection of Bedding, Carpets, Upholstery, Clothing, etc. — Bedding,

carpets, clothing, etc., may be disinfected by means of formaldehyde gas in the ordinary steam disinfecting chamber, the latter to be provided with a heating and vacuum apparatus and special apparatus for generating and applying the gas. The gas should be used in the proportion of not less than 10 per cent. by volume strength, the time of exposure to be not less than three hours, and the temperature of the chamber not below 110° F. In order to insure complete sterilization of the articles they should be so placed as to allow of a free circulation of the gas around them; that is, in the case of bedding, clothing, etc., these should either be spread out on perforated wire shelves or loosely suspended in the chamber. The aid of a partial vacuum greatly facilitates the operation. Upholstered furniture and other articles requiring much space should be placed in a large chamber, or, better, a room which can be heated to the required temperature. The most delicate colors and fabrics, furs, leather and other articles which are injured by steam, hot air at 230° F., or other disinfectants, are unaffected by formaldehyde.

3. Disinfection of Books. — Books may be satisfactorily disinfected by means of formaldehyde gas in the ordinary steam chamber as previously described and under the same conditions of volume of gas, temperature and time of exposure. The books should be arranged to stand as widely open as possible upon perforated wire shelves set about one or one and one-half feet apart in the chamber. A chamber having a capacity of from 200 to 250 cubic feet would thus afford accommodation for about sixty books at a time.

Books cannot be satisfactorily disinfected by formaldehyde gas in houses or libraries, or anywhere except in special apparatus constructed for the purpose, because the conditions required for their disinfection cannot thus be complied with. The bindings, illustrations and print of books are in no way affected by the action of formaldehyde gas.

4. Advantages of Formaldehyde Gas Over Sulphur Dioxide for the Disinfection of Dwellings.—Formaldehyde gas is superior to sulphur dioxide as a disinfectant for dwellings (a) because it is more efficient and rapid in its action; (b) because it is less injurious in its effects on household goods; (c) because it is less toxic to the higher forms of animal life; (d) because, when supplied from a generator placed outside of the room and watched by an attendant, there is less danger of fire. Apart from the cost of the apparatus and the greater time involved, formaldehyde gas, generated from commercial formalin, is not more expensive than sulphur dioxide, viz., from seven to eight cents per 1000 cubic feet being the cost of the disinfectant in either case.

5. In Conclusion.—Formaldehyde gas is the best disinfectant at present known for the disinfection of infected dwellings. It is inferior in penetrative power to steam and dry heat at 230° F., but for the disinfection of fine wearing apparel, furs, leather, upholstery, books and the like, which are injured by great heat, it is better adapted than any other disinfectant.

* * *

The Stomach Movements Under the Roentgen Rays.—In an article in the Journal of Medicine and Sciences by D. W. B. Cannon the following summary is given:

1. By mixing a harmless powder, subnitrate of bismuth, with the food the movements of the stomach can be seen by means of the Roentgen rays.

2. The stomach consists of two physiologically distinct parts—the pyloric part and the fundus. Over the pyloric part, while food is present, constriction-waves are seen continually coursing toward the pylorus; the fundus is an active reservoir for the food, and squeezes out its contents gradually into the pyloric part.

3. The stomach is emptied by the formation, between the fundus and the antrum, of a tube along which constrictions pass. The contents of the fundus are pressed into the tube and the tube and antrum slowly cleared of food by the waves of constriction.

4. The food in the pyloric portion is first pushed forward by the running wave, and then by pressure of the stomach wall is returned through the ring of constriction; thus the food is thoroughly

mixed with gastric juice, and is forced by an oscillating progress to the pylorus.

5. The food in the fundus is not moved by peristalsis, and consequently it is not mixed with the gastric juice; salivary digestion can, therefore, be carried on in this region for a considerable period without being stopped by the acid gastric juice.

6. The pylorus does not open at the approach of every wave, but only at irregular intervals. The arrival of a hard morsel causes the sphincter to open less frequently than normally, thus materially interfering with the passage of the already liquefied food.

7. Solid food remains in the antrum to be rubbed by the constrictions until triturated, or to be softened by the gastric juice, or later it may be forced into the intestine in the solid state.

8. The constriction-waves have, therefore, three functions—the mixing, trituration and expulsion of the food.

9. At the beginning of vomiting the gastric cavity is separated into two parts by a constriction at the entrance to the antrum; the cardiac portion is relaxed and the spasmodic contractions of the abdominal muscles force the food through the opened cardia into the esophagus.

10. The stomach movements are inhibited whenever the cat shows signs of anxiety, rage or distress.

* * *

Thyroid Extract in Fibroid Tumors.—At the recent meeting of the American Gynecological Society Dr. William E. Moseley of Baltimore made a very interesting communication on the use of thyroid extract in the treatment of fibroid tumors founded on his experience in five cases observed in the Maryland General Hospital and abstracted in the American Journal of Obstetrics. In the first case one grain of the thyroid extract was given daily at first, and this dose was increased up to fifteen grains a day. The flow was much reduced, and when last seen, February 9, she was perfectly normal. She has continued to take nine grains daily. There had been no heart, kidney or stomach symptoms. The second case was a colored woman, thirty-three years of age, whose uterus was enlarged by an intramural fibroid. Beginning with three grains, the dose was increased up to fifteen grains a day, and when she left the hospital on February 16 she was still taking a daily dose of nine grains. Her menstrual flow had become normal and her general health had been greatly improved. Examinations of the blood had been made for him by Dr. E. L. Whitney during this treatment, and he had found a moderate increase in the small mononuclear and a corresponding decrease in the polynuclear, nutrophiles. Dr. Moseley's conclusions were as follows: (1) Whereas some patients can take comparatively large doses of thyroid with impunity, others are injuriously affected by it, even when taken in small doses; hence one should begin with three grains daily and increase the dose very slowly; (2) in cases of bleeding fibroids thyroid has a very marked influence on the excessive loss of blood, and in certain cases causes a diminution in the size of the growth; (3) in appropriate doses (nine to fifteen grains a day) improvement in the general health occurs, probably from the cessation of the loss of blood, and (4) the average duration of the treatment was about nine weeks.

* * *

Diet in Diabetes.—Treupel (British Medical Journal) discusses some points in diet. In diabetes the objects are (a) to lessen the production of sugar, and (b) to promote the consumption of the sugar already present in the fluids of the body. Both these objects are effected by limiting the carbohydrates. Thus a strict diet of albumens and fat should be imposed, but for not longer than four weeks. Then an amount of carbohydrates may be allowed according to the case. Beer should as far as possible be avoided. Pentose and ramnose belong to carbohydrates, which are well borne without increasing the amount of the sugar. Individualization must always be practiced in the treatment of diabetes. The author then details (a) strict and (b) more generous diets for diabetics. As regards subcutaneous feeding, fat is best adapted for it. After the injection of sugar painful infiltration is often observed, even when ster-

ilized solutions are used. Albuminous solutions are not to be recommended. Artificial foodstuffs are useful in cases of blood diseases accompanied by wasting, in the febrile, and especially in tuberculosis, where the ordinary foodstuffs cannot be employed. Artificially-prepared fats are comparatively little used, but lipanin and some others are readily absorbed. The ordinary fats, as in butter, cream, yolk of egg, are, however, very digestible. Many artificial preparations of carbohydrates are in use. In infants' foods diastase has converted the starch into sugar. It must be remembered that milk, sugar and other forms (especially honey) contain valuable and soluble carbohydrates and have the advantage of being cheap. Of all artificial foods the albuminous are the most important. Somatose, nutrose, eucasin, sanatogen and sanose are excellent preparations. The two essentials of these albuminous foods are that they should be palatable and cheap. As yet an ideal preparation—that is, one which will satisfy these two conditions—has not been discovered.

* * *

Duties of the Anesthetizer.—Dr. J. Lewis Thomas, in an article on the duties of the anesthetizer in the Culumbus Medical Journal, gives the following advice:

1. Make a thorough physical examination of the patient.

2. Prepare the patient carefully; the minutest details to secure the best conditions should never be regarded as too insignificant.

3. Give the least amount of anesthetic consistent with the required degree of narcosis.

4. The cardinal points to recognize are the respirations, pulse, pupil and color.

5. Safety in anesthesia means accurate knowledge and stringent application.

6. To resuscitate—inversion, artificial respiration, heat over cardiac region, strychnine, nitroglycerine, ammonia, amyl nitrate and divulsion of the sphincter ani.

By close attention to these few fundamental principles you can hold in abeyance almost all complications and intercept many sequelae. If I can leave no other thought with you today I wish you to grasp the important fact that intelligent anesthetizing means knowledge of the physiological actions of the agent employed; caution and vigilance in its administration; keen perception in the discernment of complications, and quick, cool-headed judgment in averting or combatting the same. There are times when nature proves refractory, and the endeavors of the most experienced are sometimes frustrated. But if we have done our work well our cheeks need not blush, our lips need not apologize.

* * *

Syphilis Caused by Lunar Caustic. Burwinkle, in the Albany Medical Annals, reports the case of a peasant twenty-four years of age. The entire tip of the nose, alae nasi and cartilaginous septum were absent. The cervical glands were much enlarged. Iodide of potash, with mercurial inunctions, was prescribed. The patient had been entirely well up to his twelfth year. He was then troubled with difficulty in breathing, due to a polypus which obstructed the right nostril. A physician was consulted, who applied lunar caustic to the polypus a number of times. Since that time the ulceration of the nose started. The lunar caustic undoubtedly caused the disease, because there had never been cases of tuberculosis or syphilis in the patient's family. The author reports one of Fournier's cases, in which there were two typical syphilitic ulcers in the middle of the patient's forearm, which had undoubtedly been due to cauterization there a few weeks before. In conclusion, the author asks the question, "How long may syphilitic poison remain virulent on instruments?" He quotes Berner, who claimed that this was only possible for a short time, as in the antiseptic period few cases of direct infection from surgical instruments had been reported, and in the cases that had been reported the infection had taken place where one case after another had been treated with the same instruments. In the case reported by the author the nose got well, that is, a cicatrix resulted, after the anti-syphilitic treatment had been used some time.

Trauma a Cause of Appendicitis.—In a paper on this subject in the Medical Record Dr. William B. Small concludes:

1. That general prevalence of catarrhal conditions of the bowels, perhaps as an accompaniment or result of the grippe, is responsible for a large part of the general increase in prevalence of appendicitis.

2. That accidental injuries, strains and work demanding strong contraction of the abdominal muscles may be held accountable for the greater prevalence of the disease in males.

3. That such injuries and strains act by forcing material, loaded with the bacteria which produce appendicitis, from the cecum into the vermiform appendix.

4. That in consequence of the irritation of such material, or from some other cause, these germs here find a favorable soil for their multiplication and development.

5. That in common with other germ diseases a time of incubation must elapse (for the multiplication of these germs) before symptoms sufficiently marked to prove characteristic of appendicitis can appear.

6. That the disease is of growing medico-legal importance, as many cases are of traumatic origin, and may, therefore, give rise to proper suits for damage or valid claims against accident insurance companies.

* * *

Congenital Facial Paralysis.—At the recent Congress of Physicians in Hamburg Dr. Nonne related the case, reported in the Lancet, of a child, two years of age, who had suffered since birth from the signs of right-sided facial paralysis. The labor was normal and no artificial aid was necessary. The deformity of the face was noticed as soon as the child cried. Syphilis and alcoholism in the parents could be excluded and no anomaly could be felt in the parotid region of the affected side. The child heard equally well on each side and no abnormality of the ears was apparent. There was no affection of any other cranial nerve, and mentally and physically the child seemed perfectly well but for the facial weakness. In the region of the forehead, eye and cheek the electrical reactions seemed to be quite abolished, but in the quadratus menti and the orbitularis oris on the affected side a strong current evoked a slight contraction. Dr. Nonne was of opinion that the defect depended upon some lesion of the facial nucleus, possibly as Moebius and others have conjectured some congenital anomaly of the ganglion cells, and the prognosis as regards any improvement was distinctly bad.

* * *

The Internal Secretion of the Tonsils.—Dr. G. Masini (New York Medical Journal) has been experimenting with an extract of the tonsil of the dog and that of the calf. After administering subcutaneously to a guinea-pig seven or eight grains of the extract for each kilogramme of the animal's weight he has found a notable increase of arterial pressure, with characteristic oscillations like those following the use of suprarenal extract. It is not maintained very long, and it is followed by a drop to less than the normal pressure. At the same time the action of the left ventricle is accelerated and then retarded. Extracts of tonsils that had long been inflamed or hyperplastic proved of no effect. The author concludes that one of the functions of the tonsil is to furnish an internal secretion capable of causing augmentation of the arterial pressure.

* * *

Phosphorus and Morphia Poisoning.—According to the Medical Age, potassium permanganate has been used generally as an antidote against the above-named poisons. The action of the drug causes an oxidation of the phosphorus and morphine, making them harmless. Potassium permanganate, on account of the potassium it contains, cannot be given in large doses; therefore Schreiber substituted sodium permanganate in its place. His experiments on animals prove the sodium salt as effective as the potassium, and it can be given in larger doses. The author advises in poisoning to wash out the stomach with a 0.2 per cent. solution of sodium permanganate and then allow one pint of the solution to remain in the stomach.

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Fetal Health.

THE opening up of the field of child-medicine in the present generation is abundantly heralded by the growth of a Pediatric literature. Fetal medicine is as yet a great unknown realm. The mass of physicians would probably deny its existence. It has no place in the greater number of our pediatric text-books. It is represented by no journal on the shelves of libraries. This neglect of an important department of medicine is due, in part, to two things.

First, the public do not consider the fetus a human being, unless in its later months of life it kicks or the accident of birth and respiration occurs. To slay it is no crime against its person. To the law it is simply non-human, non-existent. It is not a disproof of these statements that the medical society protests against feticide and that certain religious teachers require also its baptism—the interest of the medical society and the teacher being limited to these details.

Second, the care of the new-born infant and fetus has heretofore been entrusted to the obstetrician, whose attention is centered upon the mother. If the fetus at birth is frail and ill, he does not carefully ask himself why this is so. He douches it, spanks it, works its arms a little; and, if it does not respond, he feels that he has done his duty, reflects that it might be worse off, speaks a word of regret, and thinks no more of the matter, so long as the mother does well. Why it died, what the fetal deficiencies and diseases were, what the pathological changes were, how they might have been avoided, are matters of which he knows and cares nothing.

It is only with the coming of the Pediatrist into the field of fetal medicine that a true and deep interest in the life and health of the fetus—for its own sake as a human patient—has been excited. American literature presents, now, scattered attempts at solving these mysteries, notably the monograph of Brothers on "Infant Mortality at Birth," in which the problem, why the child died, is viewed in every light, and many practical suggestions are made.

The immediate inspiration of this editorial is due to a report from the "Clinique Bandelocque," in Paris, in which it is urged that if France is to have her full quota of patriotic sons and daughters, born to her in full vigor, the public authorities ought to take measures to secure to expectant mothers during the last three months of pregnancy that mental and physical rest, that wholesome nutrition, which will favor the full term and safe birth of robust fetuses. This need is world-wide.

* * *

The Old and the New.

THE old-fashioned summer vacation of the busy practitioner—not the gilt-edged specialist—was to appoint a holiday time beforehand in the warm season and on that day make a run for it, pursued by the execrations of deserted typhoid and parturient patients, and haunted by the thought that his substitute was either annexing or playing hob with his practice.

The up-to-date busy man, unless he has a lucrative hotel appointment, finds some accessible lodging place on the seashore or in high hill country, and in those periods of summer, lasting a few days or longer, when he has cured all his acute cases which have not vacated, slips away thither and returns daily or every few days for some hours to care for the chronics and office patients. In the intervals, surrounded by a happy family, aglow with an inward certainty that his practice is in good shape, soothed by an easy conscience, he drinks in new vigor from cool zephyrs and drifts down the moonlight—etc.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 17, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	7
Phthisis Pulmonalis	..	12
Measles	1	..
Whooping Cough	7	2
Pseudo-Membranous Croup and Diphtheria.	55	7
Mumps	..	..
Scarlet Fever	6	..
Varioloid	..	..
Varicella	..	.
Typhoid Fever	35*	5

*9 of these cases were contracted out of town.

The Maryland Temperance Hospital has opened a free dispensary.

An International Congress of Hypnotism will be held in Paris in 1900.

Dr. F. D. Wheelwright died last week at his home at Union, W. Va., aged eighty-one.

A sanitarium for consumptives will be erected in the Silesian mountains by the citizens of Breslau.

Dr. William C. Krauss of Buffalo has been elected president of the American Microscopical Society.

Dr. William E. Gaver has been appointed vaccine physician of the Mt. Airy District, Frederick county, Maryland.

The Maryland Medical College of Baltimore began its first session with about thirty students. Dr. G. Milton Linthicum, one of the professors, made a preliminary address, which was listened to with much interest.

President D. C. Gilman of the Johns Hopkins University has been appointed by the President of the United States on the commission to investigate the treatment of soldiers during the late war. Dr. W. W. Keen of Philadelphia has also been appointed on this commission.

Reference was made in these columns before to the fact that Dr. William Osler's name had been mentioned as the possible successor to the chair of practice lately made vacant in the University of Pennsylvania by the death of Dr. William Pepper. It is a great source of congratulation to the profession and public of Baltimore and of Maryland that Dr. Osler has declined to leave Baltimore. It was about a year ago that the proposed University-Bellevue Medical College tried in vain to take Dr. Osler away.

Several changes have been made in the faculty of the Woman's Medical College. Dr. Kemp Batchelor will be professor of physiology; Dr. Charles H. Rutleigh, professor of obstetrics, in place of Dr. Thomas A. Ashby, resigned; Mr. Ralph Robinson, professor of medical jurisprudence. Mr. John L. G. Lee resigned. Dr. John Ruhräh has resigned the chair of bacteriology on account of his other professional duties. He will be succeeded by Dr. Louis Hamburger. The college will open Monday, October 3.

At the recent meeting of the Virginia Medical Society the following officers were elected: Dr. Jacob Micheaux of Richmond, president; Dr. B. M. Atkinson of Staunton, first vice-president; Dr. E. C. Levy of Richmond, second vice-president; Dr. E. T. Brady of Abingdon, third vice-president; Dr. L. Lankford of Norfolk, orator; Dr. L. B. Edwards of Richmond, recording secretary; Dr. J. F. Wynn of Richmond, corresponding secretary; Dr. R. T. Styll of Petersburg, treasurer; Dr. Hunter McGuire of Richmond, chairman executive committee; Dr. W. D. Turner of Ferguson's Wharf, chairman membership committee.

The Georges Creek Medical Association of Allegany County held its second annual meeting at Frostburg Thursday, September 15. Rev. W. A. Carroll of the Methodist Church, Frostburg, opened the meeting with prayer. Dr. B. M. Cromwell of Eckhart mines delivered the address of welcome. The following were elected officers for the ensuing year: W. Q. Skilling of Lonaconing, president; James C. Cobey of Frostburg, secretary; Timothy Griffith of Frostburg, treasurer; J. M. Price of Frostburg, first vice-president; S. A. Boucher of Barton, second vice-president. Dr. J. M. P. Finney of Baltimore read a paper on "Appendicitis," on which discussion was opened by Dr. C. S. Hoffman of Keyser, W. Va. Dr. W. F. Barclay of Pittsburg read a paper on "The Dangers from Syphilitic Infection Other than Sexual Causes." The discussion was opened by Dr. J. O. Bullock of Lonaconing. Drs. Finney, Hoffman and Barclay were elected honorary members of the association. A banquet was held at night.

Washington Notes.

Dr. Brewer of the army, recently returned from the Santiago campaign, is ill at Garfield Hospital.

Dr. Francis B. Bishop attended the American Electro-Therapeutic Association at Buffalo last week and read two papers.

Dr. Stuart C. Johnson, who has been resident physician at the Washington Asylum Hospital, has settled in Pontiac, Mich.

Dr. J. Spencer Hough, surgeon on the U. S. S. Morrell, has recently returned from Cuban waters and is now at his home.

Dr. James T. Arwine has returned from Cuba, having thirty days' sick leave. He expects to return to Santiago as soon as he fully recovers from the malaria.

Dr. L. C. Hoote of the Pension Office died Saturday at his residence, 444 P street N. W. He was eighty years of age, and during the Civil War served as a surgeon in the Federal army.

During the past week there were 112 deaths in the District; seventeen were caused by diseases of the heart, six from typhoid fever and two from diphtheria. There are forty-seven cases of diphtheria and forty cases of scarlet fever in isolation.

Dr. W. Lindsly Mussey, who was completing his medical education abroad, died suddenly in Paris last week. He studied at Yale and Johns Hopkins, and graduated from Miami College; was thirty-eight years old and had a very promising future.

The opinion rendered by the attorney for the District sustains the position taken by Health Officer Woodward in his recent controversy with Dr. Curtis, surgeon-in-chief of Freedman's Hospital, over the authority of the latter in giving certificates of death.

Surgeon-General Sternberg announces that a well-equipped winter hospital has been in progress of erection at Fort Monroe, and will be ready for the reception of the troops next Friday. This new hospital will contain 1000 beds, and is intended for sick soldiers returning from Porto Rico.

The officials of the Eastern Dispensary and Emergency Hospital have submitted their annual report to the District Commissioners. and have made their appeal for the necessary funds to sustain this institution that has the most important part to perform in the extending of medical charity to the needy poor of the eastern section of the District. Appropriations have heretofore been far below the amount necessary to equip and maintain the institution, thus crippling the efforts of the staff.

Dr. Woodward, the District Health Officer, has submitted to the Commissioners his estimate for appropriation, the sum being placed at $160,540. He asks for an increase in the department force, consisting of a chief inspector and deputy Health Officer, an engineeer for the smallpox hospital, a sanitary and food inspector to assist the chemist, and one who shall be also a veterinary surgeon. He also asks for $25,000 for the enforcement of the act to prevent the spread of contagious diseases, $5000 for maintaining a disinfecting service, $2000 for the gratuitous vaccination of indigent persons and $5000 for the establishment and maintenance of a bacteriological laboratory.

Book Reviews.

HAY FEVER AND ITS SUCCESSFUL TREATMENT. By W. C. Hollopeter, A.M., M.D., Clinical Professor of Pediatrics in the Medico-Chirurgical College of Philadelphia, etc. Philadelphia: P. Blakiston's Son & Co., 1898. Price, $1.00. Pp. 137.

Anyone who has had obstinate cases of hay fever and hay asthma to treat would gladly turn to the work of an author who says so confidently that he has "not failed to relieve a single patient who has persisted in the treatment." Unfortunately the readers of his little work may not be so successful. His treatment is simple. He cleans out thoroughly the nasal cavities, going thoroughly in between the turbinated bones. Then after a complete sterilization of all these regions, if that be possible, he applies Dobbell's solution. Polypi should be operated on, and surgical means should be used where indicated.

This little book is a very interesting one, and the author speaks with wonderful certainty of his results, but his plan of treatment is simple and well worthy of a careful trial. Much space is devoted to a bibliography, which seems to prove that much has been written on this distressing disease.

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Original Articles.

DIAGNOSIS OF BULLET WOUNDS OF THE ABDOMEN.

By Hugh M. Taylor, M.D.,

Professor of Practice of Surgery, University College of Medicine; Surgeon, Virginia Hospital, etc., Richmond, Va.

READ BEFORE THE MEDICAL SOCIETY OF VIRGINIA, SEPTEMBER 1, 1898.

THE surgeon's interest in gunshot wounds of the abdomen is largely focussed, first, in the diagnosis, and, second, in the treatment. The diagnosis involves a differentiation between (a) non-penetrating and penetrating wounds of the abdomen; (b) between penetrating wounds with and those without visceral lesion, and (c) between lesions of hollow and solid viscera.

DIAGNOSIS OF PENETRATING FROM NON-PENETRATING.

Are we able with any degree of certainty to differentiate between the penetrating and non-penerating gunshot wounds of the abdomen? In the absence of the rare evidences, furnished by pro-penetrating and non-penetrating gunshot contents, we can only ascertain positively the existence or non-existence of penetration by a careful dissection along the tubular wound tract through the abdominal wall. This conclusion not only accords with our own experience, but is in keeping with the progressive surgical thought of the day.

THE USE OF THE PROBE.

With few exceptions the use of the probe to ascertain the extent of the wound in the abdominal wall is discouraged. Not until the probe has been sterilized, and not until the tubular wound tract has been asepticized, can we without danger of increasing infection resort to probing such a wound. The truism of Nusbaum, that "the fate of the wounded rests in the hands of the surgeon who applies the first dressing," should, we think, be persistently impressed, as also the equally imperative injunction, "never to probe a wound of any character, and especially one of the abdomen, until probe, wound and surgeon have been asepticized," and are surgical truths which we cannot reiterate too often.

The finger has been poetically styled a probe with an eye in it. We would urge that the finger needs to be especially well sterilized before it is used to explore a wound. Apart from their potency for evil, the use of the probe or finger as diagnostic means is very unreliable. Movements of the skin, muscular planes and fascias renders it difficult to guide the probe or finger along the tubular bullet tract, and the loosely-attached peritoneum may be pushed inward by either probe or finger, giving the impression that the peritoneal cavity has been entered. Circumstantial evidence is elicited by examining the character of the wound of entrance and ascertaining a knowledge as to the distance traveled by the bullet. The larger the bullet, obviously, the larger the wound of entrance. The longer the distance and the greater number of clothes, etc., encountered the less the penetrating power. Close discharge may be surmised from powder marks around the wound. Equal staining and clean cut indicates that the bullet entered at right angles to the surface. Unequal

staining and irregularity of the edges of the wound of entrance implies oblique entrance and possibly no penetration of the abdominal cavity. This last effect is even more strongly suggested when we have a "long abraided or bruised tract of surface leading up to the penetration." This last conclusion is urged by Greig Smith in his work on abdominal surgery, and he adds in this connection that (page 1081) "the tortuous wound canal can rarely be followed by a probe without risk of the formation of false passages, and the evidence deducted from probing is always liable to misinterpretation."* Dr. Senn, in a recent paper, also takes the same view as to the dangers and uselessness of probing such wounds.

Are there any other means by which we may ascertain the penetration or non-penetration of the abdominal cavity? We cannot agree with Greig Smith, who thinks evidence may be furnished by injecting hydrogen gas into the wound tract, as advised by Senn, the idea being that if the peritoneal cavity is penetrated the gas will pass on into the cavity and distend it. We repeat that we can only ascertain the extent of the wound by laying open the bullet track to its terminus, and there seems to be little, if any, doubt as to the propriety of such a step in all instances.

DIFFERENTIAL DIAGNOSIS BETWEEN PENETRATING WOUNDS WITH AND WITHOUT VISCERAL LESIONS.

Having ascertained by a careful dissection along the wound tract that the peritoneal cavity has been penetrated, we are next called upon to ascertain the presence or absence of visceral lesions. This is a matter of greatest importance, and the symptoms to be of value must be manifested early. Can we make the differential diagnosis in any other way than by celiotomy and a thorough examination of the abdominal contents? Are we justified in all instances on finding a perforation of the abdomen, and, in the absence of symptoms of visceral lesion, in opening up the abdomen to examine its contents? We agree with a majority of surgeons in thinking an exploration called for in all cases, because of the fact that we know of no symptom or chain of symptoms by which we can discover beyond all question the extent of the intraperitoneal injury.

SHOCK.

Does the presence or absence of shock indicate the presence or absence of visceral lesion? A simple contusion of the abdominal wall may be attended by profound shock, while a penetrating wound, with multiple visceral wounds, may exist, with little or no appreciable shock. This is a clinical fact so well known that we need hardly mention it. The presence or absence of shock is in no way significant, but the behavior of shock in many instances is, we think, a guide of signal importance. We cannot illustrate our views upon this point better than by referring to the manifestations in a case recently seen, in which, we think, it was demonstrated that the time of onset of shock, syncope or collapse (we use the terms synonymously) is a guide to be depended on.

The wounded man, a station agent, after being shot, walked into his office, telegraphed to Richmond for assistance, and then walked several hundred yards to his boarding-house. This history is only interesting in that it shows actions inconsistent with the existence of profound shock. The wound of entrance was in the epigastric region, near the median line. A downward direction was inferred, as the pistol was fired from the top of a coal car while the wounded man was standing on the ground. When seen an hour after the injury, in spite of considerable suffering and the fatigue incident to traveling to Richmond, there was no appreciable shock. His morale was good. His temperature was normal, his skin dry, and his pulse strong, slow and regular. He vomited once soon after being seen, but there was no blood in the vomited matter. About three hours were consumed in getting the patient to a hospital and in preparing patient, op-

*On page 1091 he writes: "I entirely fail to appreciate the force of the argument so frequently urged against probing of the wound. When a ball has passed surely a probe will follow. I should always probe the wound, using a very blunt instrument, which cannot be insinuated into the intermuscular spaces, and this probe I would leave in the track of the ball if it were of the slightest assistance in showing line of injury. To lay open the track is in most cases unnecessary."

erating-room, etc., for an aseptic celiotomy. In that time, in spite of the administration of strychnia and morphia, hypodermically, and a saline solution and whiskey per rectum, the patient had progressively lapsed into a condition of collapse. Guided by the clinical picture thus presented, we were satisfied prior to an exploratory incision that there was penetration, with visceral lesion and intra-abdominal bleeding. It was inferred that hemorrhage from a wounded intercostal artery or the internal mammary would have been evinced by significant external bleeding. A section of the wound track revealed penetration of the peritoneal cavity, and celiotomy disclosed profuse bleeding to have occurred from perforation through the free border of the stomach, near its cardiac extremity and also a perforation of the left lobe of the liver about an inch and one-half from its free margin. Neither wound was bleeding at this time—shock, nature's beneficent hemostatic, had come to the rescue. Several pints of blood, mixed with fluid contents of the stomach, were removed from the peritoneal cavity, the stomach wound sutured, the liver wound packed, and the patient made an uneventful recovery.

We recall another case of pistol wound, with penetration of the abdomen and perforation of the liver, in which we were able to infer a visceral lesion by the time of onset of shock. This man, a police officer, was shot while trying to make an arrest. Hardly conscious of being shot, he chased his assailant several hundred yards and then walked half a mile to his home. For an hour or more there was little shock. By the time we had moved him to a hospital and were prepared to do an aseptic operation (several hours) he was collapsed. In both of these cases the wound of entrance was above the umbilicus, and in both we had to recall the fact that there is a much greater likelihood of no visceral lesion from a wound above the umbilicus. In both instances the bullet's course was from above downwards, perforating in one case and lodging in the other near the crest of the ileum. By the absence of primary shock and the appearance in a few hours of profound shock we were able to diagnose penetration, with visceral lesion. Shock from a penetrating wound of the abdomen without visceral lesion, if it occurs at all, will be instantly manifested, reach its acme at once and pass away under appropriate treatment in the usual time. On the other hand, shock, followed by reaction and renewed shock, points to shock of injury, from which the patient reacts, and this reaction is followed by shock of hemorrhage or that incident to extravasation of hollow visceral contents.

During the continuance of the shock of injury bleeding is held in abeyance, with the passing off of the shock of trauma, reactionary hemorrhage ensues, and with it we have the shock of hemorrhage or acute anemia. Hence in abnominal wounds shock, with reaction and succeeding shock, points to intra-abdominal bleeding from visceral lesion. Delayed shock, as illustrated in the cases we have reported, point significantly to intra-abdominal bleeding and, of course, to visceral lesion. Delayed syncope or shock points to intra-abdominal bleeding from small vessels; in this instance time is necessary for reactionary hemorrhage and sufficient bleeding from small vessels to induce renewed shock. A wound of a large vessel like the aorta, iliac, renal or hepatic, would be attended by immediate collapse and death. Of course, the shock of hemorrhage may ensue so rapidly as to be merged into the shock of injury, but we think in a majority of instances valuable information will be afforded, especially as regards wounds of the solid viscera, by the intelligent observation of the symptoms as they are manifested. Shock delayed for ten or twelve hours will usually point to hollow visceral lesion, with escape of contents and the advent of septic peritonitis.

PAIN.

Observation and study have led us to attach but little significance to the presence or absence of pain as distinguishing between the different types of abdominal wounds. By a majority of writers it is held that we may have perforation with multiple lesion and but little pain, while a wound limited to the abdominal walls may be very painful. In this connection

I must quote from one who has had an experience with fifty cases. I allude to Dr. W. S. Parker of New Orleans. "Although," he says, " most writers tell us that pain is in no way characteristic of these cases, the most constant symptom that we have observed has been pain referred to the umbilicus." He affirms that he has "never seen a case of penetrating gunshot wound of the abdomen in which this symptom was absent." I recall the fact that Dr. Hunter McGuire, in a paper read before the American Medical Association twenty-five years ago, spoke of the pain as acute, colicy, resembling a green-apple belly-ache. This paper was one of the pioneer papers in which early operative interference was urged.

VOMITING.

A majority of writers fail to find in the presence or absence of vomiting blood a guide. Not infrequently when there is a wound of the stomach no blood is found in the vomited or syphoned contents of the stomach. In the case we have reported, although there was a perforation of the stomach and free hemorrhage into the peritoneal cavity, there was no blood in the stomach contents vomited in our presence. Stomach and intestinal contents pouring out into the peritoneal cavity is much more likely to carry the blood also into the peritoneal cavity. Protrusion of the mucosa into the wound also helps to block the entrance of blood into the lumen of the wounded viscus. In this connection we may mention that Greig Smith says, "One of the most important symptoms is a feeling of nausea, frequently accompanied with vomiting." We cannot agree with Mr. Smith when he says, "This is not common in false shock." We think both nausea and vomiting are equally common in traumatic and physical shock. Certainly vomiting, *per se*, is no guide, and even the presence of blood in the vomited contents is not conclusive of penetration of the stomach, since not infrequently a simple contusion of the stomach wall may result in hemorrhage into the cavity of the stomach.

BLOOD IN FECES.

We cannot wait for blood in the feces, even if its presence was noted; we would not know that it did not come from a contusion of the intestinal tract and not necessarily a perforation.

Air escaping from or diffused in the cellular tissue surrounding the wounded tract is no longer considered a guide, as it may have found its way in through the wound of entrance or be gas from putrefactive changes.

The protrusion of viscera or their contents through the wounds is an exceptional occurrence, notably so in the case of the small jacketed bullets from high-power guns.

BLOOD IN THE URINE,

while strongly suggestive, is not confirmative of a perforation of the genito-urinary tract. A perforation of the peritoneal wall of the bladder may be ascertained by drawing off the urine and then injecting a measured quantity of aseptic fluid into the empty bladder. If the bladder readily distends, and if in a short time as much of the fluid is withdrawn as was put into the bladder, the inference is strong that there is no perforation of the bladder. This evidence, of course, does not preclude a possible lesion of the ureter or pelvis of the kidney. Filtered air may be used to distend the bladder. A lesion would allow the air to escape into the peritoneal cavity or cullular tissue, and the bladder would not as readily distend. While filtered air cannot be as acurately measured as sterilized water, it has the advantage of not washing infection from the bladder into the peritoneal cavity or previsical space.

GASTRO-INTESTINAL TRACT.

The most important intra-abdominal wounds to diagnose early are those involving the gastro-intestinal tract. We have seen that shock, pain, vomiting, etc., do not furnish evidence at all conclusive. It is held that we may with almost certainty expect multiple bowel perforation if the abdominal cavity is penetrated below the umbilicus, while the outlook is better if the wound of entrance is above the umbilicus. We think such a wound as the former without visceral lesion must be so rare, it is a pity it ever occurs, as it inclines not a few to wait for urgent symptoms before resorting to operative interference.

Before considering the diagnostic means of perhaps the greatest importance, let us look at the probable evidence afforded by escape of intestinal gas into the peritoneal cavity and inducing hepatic resonance in place of normal liver dullness. Theoretically, an escape of gas from the intestines into the peritoneal cavity, and the insinuation of this gas between the lower ribs and convex surface of the liver should furnish reliable information, but it depends upon a sufficient escape of gas, an absence of adhesions between the liver and parietal peritoneum of the chest wall and diagnostic acumen sufficient to detect the gas.

A majority of writers allude to this diagnostic means, but so far as we have been able to ascertain but few rely upon it. To be of service it must be manifested early, as intestinal paresis from sepsis will very quickly cause distension of the intestines and efface liver dullness.

SENN'S HYDROGEN GAS TEST.

Many years ago Dr. Senn brought to the attention of the profession this means of diagnosing perforation of the gastro-intestinal tract, and its technique is well known. We do not think this diagnostic means has been as well accepted by the profession as it merits. A majority of writers do not write encouragingly about it. Dr. Senn, however, has never lost confidence in it as a means of diagnosing an intestinal perforation. He has upon every occasion urged its use. He thinks by this means we may avoid an exploratory incision and evisceration for diagnostic purposes. The objection to the use of hydrogen gas or filtered air does not appear to me to be logical. It has been claimed that the gas is rarely available when needed; that the paraphernalia, i. e., the rubber bag from which and by which we are to drive the gas or air into the intestines under pressure and under an anesthetic, is not often conveniently at hand. This is not a fault of the method. If we can accomplish by means of rectal insufflation what Dr. Senn has accomplished, it is the duty of the surgeon to provide the needed apparatus. In sixteen cases of gunshot wound of the abdomen Dr. Senn was able to find no lesion in two, and, of course, no need for an exploratory incision. The objection to this practice so often urged, that distention of the bowels makes it more difficult to return them if a section is made, is not sufficient.

By rectal insufflation only can we ascertain without an exploratory incision that there is no bowel perforation. Exploratory incision and rectal insufflation are our only guides available soon enough to enable us to do preventive work. The task of returning distended bowels is by no means a serious undertaking, and if it can show no intestinal wound, no section and evisceration will, in the experience of Drs. Senn and Greig Smith be necessary. For that matter, an opening in the bowel could be made to let the gas out. The surgeon does not fear the intestinal lesion; his fear is that he will not find them all. The mortality is due to not getting at the lesions early and in overlooking one or more. It has been held that leakage of intestinal contents into the peritoneal cavity is ensured by distending the bowels. I do not believe that a wound of the small bowel will ever occur without leakage of its ever-fluid contents. I think it a pity that the idea should ever be held that leakage may not occur, as it encourages a supposed conservatism almost inevitably fatal.

The mission of insufflating the intestines with gas or air is to ascertain prior to an exploratory incision the existence of an intestinal lesion. If it will accomplish this we are not excusable for not using it because of the trouble, etc., incident to its use. Its second mission is to ascertain the location of the lesion after the abdomen has been opened and by this means avoid evisceration and handling. The second mission, it seems to me, to be of minor importance as compared to the first.

SOLID VISCERAL WOUNDS.

Can we differentiate between wounds involving the solid viscera from wounds limited to hollow viscera? We do not think this possible with any degree of accuracy, nor do we deem it essential, as in a majority of instances of both classes of wounds operative interference is in-

dicated. We should recall that multiple wounds are the rule, and that both solid and hollow visceral wounds commonly exist. The symptoms and dangers incident to solid visceral wounds are due to hemorrhage. Recalling the fact that the symptoms of hemorrhage (usually parenchymatous) are not manifested immediately and are progressive, we can sometimes quite accurately diagnose intra-abdominal bleeding, but there may also exist multiple hollow visceral perforation, without significant symptoms of perforation, until the advent of septic peritonitis. Unless we can eliminate intestinal or visceral perforation by distending those organs we cannot eliminate perforation except by a celiotomy.

BLOOD IN THE ABDOMINAL CAVITY.

Dullness on percussion in the right and left colic regions, varying areas of dullness with changed position of the patient, and fullness in the *cul-de-sac* may afford evidence of abdominal bleeding. But in estimating such evidence we must eliminate distension of colon, etc., from fecal matter, and we should further regard the fact that extensive bleeding must have occurred before its presence can be appreciated. Ideal surgery contemplates operative interference to prevent the disastrous consequences of profuse bleeding and acute anemia.

Briefly we would urge: 1. That an *x*-ray examination, locating the bullet in the abdominal wall, is the only contingent which warrants us in not laying open the tubular bullet tract down to the peritoneum to ascertain if the cavity has been penetrated.

2. That we are justified, if ever, in non-operative interference only in the event of Senn's hydrogen gas affording evidence that there is no hollow visceral lesion, and the absence of symptoms of hemorrhage leads us to suppose there is no solid visceral lesion.

3. That until our means of differential diagnosis is very markedly advanced the safe and conservative course in all penetrating wounds of the abdomen is to open the abdomen early and do thorough and quick intra-abdominal work.

DIPHTHERIA AND ANTI-TOXINE.

By J. F. Hempel, M.D.,

Lecturer on Materia Medica at the Baltimore Medical College; Sanitary Inspector Health Department, City of Baltimore.

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THE subject assigned to me for this evening is of such great scope that, recognizing my inability to do it justice, your kind indulgence is asked for any imperfections or omissions that may be apparent.

The first question naturally arising is, "Whence the word diphtheria?" It is found to be derived from the Greek words "depho," soften, and "diphthera," leather; hence the word "diphtheria" signifies a membrane simulating soft leather. This membrane is formed by the Klebs-Loeffler bacillus securing a foothold on the mucous membrane either by inspired air or by slate pencils, pens, marbles or toys of various kinds employed by children and put into their mouths. Infection may likewise be carried by furniture, draperies, nursing bottles, camel hair mops and a host of other things used in or about the household in which there has been a case of diphtheria.

The membrane may form on either tonsil or both, the uvula, naso-pharynx—in fact anywhere in the mouth, or it may occur only in the larynx. The disease is an acute, specific one easily communicated. The inflammation may be mild or serious. The living organisms undoubtedly produce the membrane, which fact has been proven by Welch, whilst the toxines formed by these germs cause characteristic systemic effects. In severe and septic cases the membrane is generally of a dirty gray color, whilst in cases not so severe we may find it consists of yellow deposits, or it may be of a glistening white character. Briefly described, it consists of fibrin, granular matter and living bacilli—in short, it is made up of necrosed tissue and bacteria.

Mild cases have a small deposit of membrane, with the systemic effects not so marked, while the severe cases show

a large area of membrane and severe constitutional symptoms, or poisoning may be present, or, if the membrane is located in the larynx, there will also be associated with the systemic effect laryngeal stenosis, with its characteristic cyanotic expression. We may also have a general septicemia, due to a mixed infection. At the beginning the temperature may be 100½° to 103° F., or it may be less than 100°. The patient complains of sore throat, does not play as usual and is desirous of being left alone, exhibiting generally an unusual and unchildlike depression. In some cases the disease begins with vomiting, headache and backache, with unpleasant sensations of being cold. Increased size in the cervical glands is very noticeable, sometimes to such an extent as to simulate parotitis. Evidence of the rapid increase in systemic effects is found in the great muscular weakness ensuing, also in the feeble, rapid and easily compressible pulse. Finally, the pulse becomes irregular, the anemia is increased and the patient becomes more and more depressed; stupor then sets in, which at times gives way to great restlessness, coma supervenes and death relieves the sufferer.

Complications may not always be avoided. Broncho-pneumonia, especially in the very young, may develop; emphysema in the laryngeal cases, and finally myocarditis, chiefly dreaded because of its frequency. Then, again, there may be entero-colitis, or albuminuria, and in septic cases severe nephritic symptoms may occur. Escaping these pitfalls the convalescent will be afflicted with a long-continued anemia extending over a period of six or eight weeks.

Before dismissing the subject of complications mention should be made of one formerly occurring quite often, namely, multiple neuritis, although since the advent of the new remedy constituting the subject of this paper this form of neuritis or paralysis has been to a large extent controlled. Especially is this so when antitoxine is employed in the early stages of the disease. Before the use of antidiphtheritic serum statistics show that in 15 per cent. of diphtheria there occurred a neuritis. Since the discovery and use of antitoxine this percentage has been reduced to one-half or about 8 per cent. Of these we may deduct the extremely severe cases seen very late by the physician, in which the serum has not the same power over the degeneration of nervous and other tissues brought on by the toxic elements. It is to be remembered that antitoxine cannot repair damaged structures; its function is to neutralize the toxines before they have a chance to destroy the body tissues. We can safely deduct 4 per cent. for these cases (that is, those seen too late), which leaves about 4 per cent. in which paralysis occurs—truly a remarkable showing for this new agent. Paralysis of the throat is very often the first form of neuritis noticed, the extremities coming next in frequency, while the eyes, the neck and diaphragm, I think, are next in order. Paralysis of the heart comes on when you least expect it. Possibly you congratulate yourself on the splendid recovery of your patient, who has been permitted to take exercise in the open air. Whilst at play the nurse or attendant notices that the little one suddenly topples over or sits down, its head drops forward, the eyes close, and the child, active a moment ago, is lifeless. You are hurriedly sent for, arriving only to find that your little patient is beyond mortal help, having succumbed to cardiac paralysis. Such was my experience in one case.

In passing, a very sad case of paralysis of both legs, which occurred in the practice of a Baltimore county practitioner, is of interest. He was called to treat a case which he believed to be follicular tonsilitis, and applied the usual remedies. A day or two afterwards he was called to attend a labor case. Twenty-four hours after a successful delivery the mother developed a temperature, accompanied with chills, and was greatly prostrated. Exploration of the uterus revealed no apparent cause, but ocular examination revealed the presence of a diphtheritic exudate covering the cervix and part of the vagina. To be brief, the poor woman developed paralysis of the lower extremities, and is in that condition today, having but slightly improved.

Paralysis of the nose is evidenced by

the peculiar nasal voice, as well as by the regurgitation of fluid nourishment through the nose. There occurs also in some cases an inability to swallow, because the epiglottis is insensible to the stimulus of the food and the muscles of deglutition are quiescent. The food may enter the larynx and cause violent respiratory efforts. Again, the phrenic or intercostal nerves may become affected, in some cases giving rise to deficient respiratory movements, and we have dyspnea present as a result. Hoarseness may occur and the voice may be reduced to a whisper. Breathing becomes irregular and deficient; your patient looks up to you imploringly as if to say, "Cannot you help me to get my breath?" Cyanosis comes on, the face assuming a bluish tint, the patient may experience pain in the stomach, and when asked to place his hand on the locality of the pain invariably places it over the abdomen. Sometimes there is vomiting. The pulse in most cases is rapid, weak and compressible. Some cases develop extreme restlessness, cold hands and feet, with great pallor, death finally closing the scene.

TREATMENT.

Prior to the introduction of antitoxine five or six years ago the treatment of diphtheria was practically *nil*. Since the advent of this new remedy, however, the medical profession has had at its disposal a remedy for diphtheria which performs its work quite as surely and efficaciously as quinine does in malarial intoxication, provided always it is administered in the early stages of the disease. This latter factor is of extreme importance, for too much stress cannot be laid upon the necessity of using the serum with the greatest promptness possible. In former years statistics show that the mortality in diphtheria was 60 to 70 per cent; it now has been reduced to 12 to 15 per cent. Excluding those cases in which the injections were made late and those already moribund, the mortality is still further reduced to 6 to 8 per cent. In the face of such extraordinary and incontrovertible results it is difficult to comprehend the exact reasons why some practitioners (although their number seems to be rapidly decreasing) refuse to give this agent at least a trial. The results attained and reported by thousands of painstaking and reliable investigators surely constitute evidence sufficiently trustworthy to warrant those physicians who have not already done so making investigations on their own account. The experience of the writer with antitoxine, covering a period of three years, gained in the service of the Health Department in the city of Baltimore and in private practice, has afforded him exceptional opportunities in making observations along this line. During the period referred to about 110 diphtheria cases have been seen, antitoxine in every instance being used. In only one instance in the writer's experience with these cases has a death resulted. The hearer at this point may raise his eyebrows and say "faulty diagnosis." Every case, however, was subjected to a careful bacteriological examination and the presence of the bacilli was clearly revealed.

The serum cannot be given by any other route than under the skin, and for this purpose a syringe holding five c.c. (seventy-five minims) is best adapted. The one we use (Mulford's) is compact, easily sterilized, and, being made with rubber packing, avoids shredding or drying, so frequently experienced in hypodermatic syringes which have leather or cotton packing. Before using, syringe and needles can be placed in cold water in a suitable vessel and placed on the stove and allowed to boil for ten minutes. While this is going on the site of injection should be thoroughly cleansed with a five-minim solution of carbolic acid or a saturated solution of boracic acid and finally washed with a dilute solution of alcohol or brandy. The site of injection can be either the cellular tissue of the infra-scapular region, the thighs or the abdomen. We prefer the thigh, because it does not inconvenience the patient while in bed. The site having been made surgically clean, the skin is held between the thumb and index finger and the needle inserted deep into the cellular tissue. We say deep advisedly, for on several occasions, having neglected this precaution, the patient could hardly be controlled on account of the pain induced by

the pressure of the serum upon the surrounding nerves. After injection is made the finger should be held over the needle puncture for a few moments, or, better, a piece of sterilized gauze.

DOSAGE.

As yet there seems to be no absolute fixed rule as to the exact quantity of serum which should be administered. The dose must be regulated according to the severity of the case, although the tendency lately seems to be in the direction of increased dosage, and we are positive that when the serum is administered more freely the mortality will be still further reduced. In a recent case we gave to a child sixteen months old an initial dose of 1500 units, and repeated this quantity without the slightest inconvenience to the patient. Holt declares that the initial dose for a child two years old should be 1500 to 2000 units, and that it may be repeated, if necessary, in eight or twelve hours if no improvement is observable.

Illustrating the great value, in fact the necessity, of immunization by the use of antitoxine, the following account is most significant and interesting: Several months ago in an orphan asylum in East Baltimore a case of diphtheria appeared; others soon followed, until finally eight were under care, while others were developing the early symptoms, and it looked very much as though an epidemic among the 125 inmates was to follow. Antitoxine (P., D. & Co.'s) was administered to the eight cases in heroic doses and the balance of the inmates were immunized. Although several of the children under treatment were severely sick, not a single death occurred, and no further cases developed, the epidemic having been successfully checked. Experience has shown the necessity of using the serum early, without waiting for a bacteriological test. Where the clinical evidence leads one to suspect diphtheria it is proper to immediately inject 1500 or 2000 units of the serum. Meanwhile the bacteriological examination, in confirmation of diagnosis, may be made.

In our experience good results have come from antitoxine of various makes, but we have given preference to that of Parke, Davis & Co., as being concentrated and hermetically sealed.

"What is a unit of antitoxine?" The standard adopted by reliable manufacturers conforms to the principles laid down by Behring, which may be stated as follows: A unit is ten times the quantity of serum which will neutralize ten times the smallest fatal dose of diphtheria toxine in a half-grown guinea pig. Properly-made serums are standardized so that each unit will be of the strength specified above.

Although the evidence in favor of the anti-diphtheritic serum treatment is overwhelming, it may not be amiss to quote from Holt's valuable text-book on the diseases of infancy and childhood, in which he states: "Certainly there is no remedy for any disease that has more testimony in its favor than has now antitoxine in diphtheria." Were we to stop to quote other reliable authorities on this subject our task would be an endless one. In short, the facts are so well established and so indisputable that any practitioner who fails to avail himself of this wonderful aid in combatting so dreadful a disease is committing the greatest injustice to himself in jeopardizing his reputation and to the patient in needlessly risking his life.

It is, of course, to be understood that the general treatment should not be neglected. There should be plenty of fresh air, good, nourishing food, and the patient should be kept quiet and not be permitted to stir about the room, although the attack may be mild or apparently cured. As before stated, it is during convalescence that cardiac failure chiefly occurs. Where the patient is unable to swallow recourse may be had to gavage. To guard against the depressing influence of the toxine, stimulants must be employed, namely, alcohol, strychnia or morphia. The alcohol should be pushed, and strychnia or morphia should be immediately employed if there are the slightest indications of heart failure. As to local treatment we have nothing to say in its favor, since it irritates the child, causes the parts to bleed and produces discomfort generally. Suffice it to say that ordinary cleanliness is sufficient; the secretions should be wiped from the nos-

trils gently, not failing to immediately destroy the cloths by burning. Kidney complications, should they occur, are best treated by benzoate of sodium, tincture of chloride of iron and the liberal use of water to flush the kidneys.

P. S.—Since the above paper was read a great many additional cases have been seen, and the results attained from the serum treatment only tend to confirm and emphasize the statements made in the foregoing.

Medical Progress.

Hygiene at Health Resorts.—According to the British Medical Journal, a young lady from Berlin was attacked by diphtheria whilst on a visit to one of the seaside resorts on the Baltic. The proprietor of the hotel where the lady was staying was not unwilling to allow her to stay on, but the other guests objected. The unfortunate patient had, therefore, to be removed to a house which happened at that time to be empty, and there after a short time she died. The inconveniences to which families are sometimes subjected at health resorts when one of their party happens to be attacked by an infectious disease may be most trying, and it would certainly be satisfactory if in all largely-visited health resorts fixed rules could be agreed on as to what is to be done in such circumstances. All much-frequented health resorts should have hospitals or isolation-houses, with adequate accommodation, where visitors suspected to be suffering from infectious diseases can be at once received and where they can be sure of obtaining proper treatment and attention. In fact, on sanitary grounds, all spas and health resorts may be divided into two classes —first, those where the drainage arrangements and the water supply are good, where there are hospitals or isolation cottages ready for use in case of the outbreak of any infectious disease during the crowded season, and where in addition to the special climatic and balneotherapeutic advantages of the place there are likewise facilities for simple, but often most important dietetic treatment; secondly, the numerous class of health resorts which, though often possessing great climatic and balneotherapeutic attractions, yet in sanitary arrangements are altogether deficient, or, at least, not above the standard of the numberless little holiday and summer resorts with which most countries abound. The second class of health resorts are unworthy of receiving the immense number of invalids and visitors which may suddenly flock to them during the season. It would be well if the managing bodies were in all cases to consider the matter carefully, and, if they have not done so already, settle the question to which class they wish their own health resorts to get the reputation of belonging.

* * *

The Physiological Effects of Ovarian Juice.—Ferré and Bestion make a report in the Therapeutic Gazette of the effect of a glycerine and water extract of ovary, and find it to possess distinct physiological influence in males and females, and they find that males cannot stand the doses well borne by females. If a large dose be given to a male he becomes intoxicated and dies, and a female requires double this dose to produce death. The symptoms shown by the male consist in progressive hypothermia, the production of sloughs at the point of injection, excitement of the genital apparatus, with erections and ejaculation of semen, and finally tremors and paralysis. Hematuria may develop. They found tubular nephritis, and in the paralyzed animals congestion of the spinal cords, particularly in the area of the spinal center in the lower dorsal and lumbar region. There was also well advanced lesions in the anterior cornua of the spinal cord. Ferré and Bestion conclude that the juice has a distinct effect, and that the partial immunity of females to this effect is due to the fact that they are accustomed to the ovarian juice in that doses similar to those which caused death in the male will do so in females below puberty who are not accustomed to ovarian activity. They believe that ovarian gland should be cautiously given to women who have passed the climacteric for these reasons.

The Carrot Cure.—The following anecdote, which is going the rounds, appeared in an English weekly: A Birmingham physician has had an amusing experience. The other day a somewhat distracted mother brought her daughter to see him. The girl was suffering from what is known among people as "general lowness." There was nothing much the matter with her, but she was pale and listless, and did not care about eating or doing anything. The doctor after due consultation prescribed for her a glass of claret three times a day with her meals. The mother was somewhat deaf, but apparently heard all he said, and bore off her daughter, determined to carry out the prescription to the very letter. In ten days' time they were back again, and the girl looked quite a different creature. She was rosy-cheeked, smiling and the picture of health. The doctor congratulated himself upon the keen insight he had displayed in his diagnosis of the case. "I am glad to see that your daughter is so much better," he said. "Yes," exclaimed the excited and grateful mother; "thanks to you, doctor! She has eaten carrots three times a day since we were here, and sometimes oftener—and once or twice uncooked—and now look at her!"

* * *

Seroguaiacol in the Treatment of Tuberculosis.—Berlioz makes to the British Medical Journal a communication in which he stated that in order to combat the impairment of the constitution, as well as the microbic infection, he had attempted to combine with serum, which has a stimulating action on the nutrition, a remedy of well-known efficacy in tuberculosis, namely, phosphite of guaiacol, which contains 95 per cent. of guaiacol and soluble phosphorus. A still more active product is obtained by adding glycerinated extract of testicle, liver, brain, spleen, or lung, in the proportion of 3 per cent. This mixture is administered in enemata of thirty grains. Two such enemata may be given daily. Berlioz said that by this treatment he had obtained considerable improvement in tuberculous patients.

Treatment of Gonorrhea. — Dr. Behrend reports in the American Journal of the Medical Science that of twelve instances of this disease in males (first attack) after one or two days the gonococci disappeared under the use of ½ to 1 per cent. solutions of protargol. Upon the clinical symptoms this remedy had no influence; the discharge continued. Better results were obtained by the use of other astringents, as the alum injection, although the latter does not destroy the gonococci. He treats the disease, while the followers of Neisser treat only the gonococci. The disadvantage of protargol lies in the fact that it acts only on the gonococci which it can reach; those which it cannot it leaves in peace, for it does not penetrate into the tissues.

This provoked a vigorous reply from Frank and Meissner, the former basing his argument upon five months' use of the remedy (133 patients), and quoting Fenger (110 patients), who had lauded the new remedy.

* * *

Psoriasis.—Dr. J. V. Shoemaker of Philadelphia describes in the Philadelphia Polyclinic a case of extensive psoriasis originating upon a rheumatic basis, and pointed out that the cutaneous disorder would not disappear until the constitutional state was corrected. Treatment was directed toward building the system up, improving the condition of the mucous membranes, elevating the nutrition with the aid of such remedies as nux vomica, prickly-ash bark, coptis trifolia and hypodermic injections of pilocarpin hydrochlorate.

* * *

For Intractable Eczema.—It is recommended in the Medical News, in cases in which the application of any medicinal substance whatever seems only to increase the irritation of the skin, to cover the affected area thickly with starch powder. After forty-eight hours the crusts are removed by means of compresses dipped in sterilized water and the powder is reapplied. Excellent results are said to be obtained by this method in very severe cases which had resisted all previous treatment.

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BALTIMORE, OCTOBER 1, 1898.

The Bacillus and the Fly.

THERE are some medical themes that never lose their vitality. You can subject them to the hottest discussions, or desiccate them for years—generations—in the dryest of statistical compilations, and when the proper season comes round again they stir and come to life again chipper as ever. So is it with the problem of the spread of enteric fever. Now, we have positive proof that it is air-borne; again, that the drinking water conveys it; again, the milkman is laid under suspicion of manslaughter. It certainly seems strange that pure water-supplies are so difficult to be obtained in country regions. There is a deep mystery about it all somewhere.

A factor in the conveyance of the disease—there are different modes, doubtless, in different cases—that has come to the front in the army epidemic which is now crowding the hospitals is the obtrusive house-fly. It seems that certain of the camp privies were only some twenty or thirty feet from the camp kitchens, and the flies—by the million—carried the typhoid poison from the vault to the table, and so infected the food.

After careful observations on several occasions of the guileful persistency of the house-fly in securing admission to kitchens, one would infer that the simplest mode of prevention of such infection of food would be to render all privies fly-proof, or else to cover the surface of fecal deposits with some liquid substance distasteful to flies. The domiciling and breeding of mosquitoes—another possible agent—in city cesspools is said to be prevented by pouring a layer of coal oil on the surface of the water.

The house-fly should not be maligned. He is essentially cleanly, as anyone can see who has watched his efforts to scrub his back with his hind legs. A Swift might demonstrate that he is no worse than the human animal, which latter never sees a sparkling stream of water but he has an impulse to pollute it.

* * *

Children at School.

THE opening of the public schools and the discussions as to the length and time of the sessions make it evident that not only should school boards be composed of men capable of doing their work, but that the latest results of scientific research as to the ability of young children to apply themselves should be made use of.

For instance, it is known that the power of application to any subject varies not only with the sex and temperament, but also with the stage of cerebral development. Other things being equal, it has been found that a child of ten years can give continued attention, without weariness or distraction, to any one subject much longer than can a child of eight. Also, when the conditions are not the same, as is usually the case, children possess varying powers of application to study. And yet how few school boards, even in the most advanced cities, contain members able to appreciate these facts.

The public school system in most large cities is far from perfect, and from what is known through the daily papers and through other more reliable sources the public school system of Baltimore needs a thorough overhauling to bring it nearer perfection.

When politicians and men bent on self-advancement have to do with the education of the young little can be expected. It is time that good citizens were taking more active interest in the city government.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending September 24, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	7
Phthisis Pulmonalis	..	19
Measles	3	..
Whooping Cough	1	..
Pseudo-Membranous Croup and Diphtheria.	69	11
Mumps	..	..
Scarlet Fever	8	..
Varioloid	..	..
Varicella	..	..
Typhoid Fever	33*	10

*11 of these cases were contracted out of town.

Norman Kerr says that few cases of inebriety occur as a result of physicians' orders.

Dr. Hugh H. Young has opened an office in the "Colonial," 1005 N. Charles Street.

The new building for the Jefferson Medical College will soon be open.

A new coal tar product is called orphol. Why not spell it "awful?"

New York is to have a new anti-cigarette law tending to prohibit the sale of cigarettes to persons under eighteen.

In Philadelphia and Pittsburg recently 317 candidates were examined by the State Board, with 49 rejections.

Porto Rico is said to be a poor place for physicians, but Havana is said to offer better opportunities.

A prominent firm of match manufacturers in England has been heavily fined for not reporting cases of phosphorus poisoning.

Dr. P. S. Connor of Cincinnati has been appointed by President McKinley on the army investigation committee.

Some London physicians who wish to borrow money without the proper security have fallen into the hands of usurious moneylenders.

Some charitable persons of Allegheny, Pa., propose to form a society to lend pictures to hospitals for the entertainment of the sick and convalescent.

Dr. William Douglass Wells, a native of Maryland and a graduate of the University of Maryland, has been elected resident physician at the Hospital for the Women of Maryland.

Dr. John R. Chappell, a prominent physician and citizen of Petersburg, Va., died at his home last Monday, aged sixty-nine. He was a graduate of the University of Pennsylvania.

Dr. R. Percy Smith of Sunnybrook, Baltimore county, vice-president of the Baltimore County Medical Association, has been elected lecturer on hygiene at the Baltimore Medical College.

Dr. Joseph D. Willoughby, formerly of Baltimore and a native of Easton, Md., died in Baltimore recently, aged seventy-two. He practiced in various Western cities and amassed a large fortune in Chicago.

Besides four homeopathists, the following regular physicians have been appointed on the medical staff of the new Atlantic City Hospital: Drs. W. B. Stuart, A. B. Shimer, A. D. Cuskaden, Emery Marvel, T. Senseman, and F. W. Bennett.

The Prnssian Minister of Finance, Herr Von Miguel, has proposed a plan for taxing professors of medicine who also practice. He thinks that any professor enjoying a practice worth $5000 per annum should receive no salary.

There are about 13,000 doctors in France, 2500 of these being in Paris. Probably not more than 1200 are making as much as half their expenses, and about half of those in the country outside of Paris are doing something else to eke out a subsistence.

Dr. Daniel B. Conrad, a prominent citizen and physician of Winchester, Va., died at his home last week, aged sixty-eight. He studied at Winchester and received his degree at the Jefferson Medical College. At the age of twenty-four he was appointed surgeon in the navy. He leaves a large family.

At the Woman's Medical College Dr. Joseph T. Smith has been elected dean, to succeed Dr. E. F. Cordell, resigned; Dr. Charles H. Riley is professor of obstetrics, to succeed Dr. T. A. Ashby, resigned, and Dr. Kemp B. Batchelor is professor of physiology, to succeed Dr. G. Milton Linthicum, resigned.

Washington Notes.

Dr. McPherson Crichton will sail for Europe this week with Rev. Jones, chaplain of the U. S. S. Texas.

Dr. R. A. Pyles, major and chief surgeon of District Columbia Volunteers, is confined to his bed with rheumatism.

Dr. G. G. Morris has returned, having served as surgeon at Chickamauga. He will leave for Porto Rico in a week.

Dr. George C. Clark has been elected chief of diseases of the skin at the Eastern Dispensary and Emergency Hospital.

Dr. L. H. French, late ranking major Third U. S. Volunteer Cavalry (Grigsby's cowboys), has returned to the city, his regiment having been mustered out.

The building for minor contagious diseases, on the grounds of the Garfield Hospital, is now in the process of construction. The appropriation for this building was $33,000.

A competitive examination, open to graduates of the Columbian Medical School, is being held to fill the position of resident physician at the Columbian University Hospital.

The plans for the isolating building for minor contagious diseases, on the Providence Hospital grounds, are completed, and construction bids are advertised for. The appropriation for the construction of this building was $25,000; for equipment $5000, for maintenance $2000.

At the Emergency Hospital Dr. James T. Fife, the present resident physician, retires, and Dr. M. W. Glover, now senior assistant, will assume the duties of resident; Dr. W. H. Mohart will be promoted to senior assistant, and an examination will determine who shall be junior assistant.

Surgeon-General Sternberg says that the medical service of the army was crippled by political pulls and management of inexperienced and incompetent men; that the greatest trouble rose from the neglect of sanitary regulations and reckless exposure to unnecessary risk.

The Bedloe Island Hospital, that the New York press has said so many complimentary things about, is under the management of a Washington boy, Dr. Louis P. Smith, first lieutenant in the regular army. His chief assistant is Dr. Wm. L. Robins, a practicing physician of this city, at present an acting assistant-surgeon, U. S. A.

Book Reviews.

A Country Doctor. By Thomas Hall Shastid, M.D., Battle Creek, Michigan. 1898. Published by the author.

This is a very well-written little story of the life of a country doctor, and recalls to mind very distinctly the touching work of Ian McLaren. It shows that a physician has great sympathy and deep feeling for the suffering of others, and needs stolid self-control to live through a life of association with the poor and ailing. In many instances gratitude may not be apparent for unceasing work and untiring watchfulness, but in not a few cases is the painstaking and conscientious doctor fully repaid by the grateful family of the patient. Dr. Shastid has drawn a clear picture of the daily routine work of the country doctor, and his little book will be read with pleasure by many.

Mr. W. B. Saunders, the progressive medical book publisher of Philadelphia, announces that the sale of his "Hand-Atlases" has proven so encouraging that he has made arrangements in Germany for the issue of other volumes, and he has now in preparation Haab's "Atlas of External Diseases of the Eye," edited by G. E. de Schweinitz, M.D., and Mracek's "Atlas of Skin Diseases." Mr. Saunders has further in preparation new editions of Da Costa's "Modern Surgery," and of McFarland's "Pathogenic Bacteria;" his second edition of "An American Text-Book of the Diseases of Children," and a second edition of "An American Text-Book of Gynecology;" a fourth edition of Vierordt's "Medical Diagnosis;" a second edition of Griffith's "Care of the Baby," and of Butler's "Materia Medica and Therapeutics;" Stengel's "Text-Book of Pathology;" Hirst's "Text-Book of Obstetrics;" "An American Pocket Medical Dictionary;" de Schweinitz and Randall's "An American Text-Book of Diseases of the Eye, Ear, Nose and Throat;" Church and Petersen's "Mental and Nervous Diseases."

All of these books will greatly enrich the already large library of medical literature in existence. Mr. Saunders wishes to lay especial stress on the beautifully executed illustrations and plates in his Hand-Atlases, the initial cost of publishing having been borne by eleven publishers, thus making it possible to issue such handsome works at so low a cost.

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Original Articles.

TREATMENT OF SCIATICA.

By D. Olin Leech, M.D.,
Washington, D. C.

READ BEFORE THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA NOVEMBER 13, 1897.

Mr. President and Gentlemen—To me the treatment of a case of sciatica has always been a bugbear. I have heard many other physicians say the same. During my professional career there have come under my care or notice quite a number of cases, both acute and chronic. Two of them, both acute, have yielded to treatment and have recovered.

Sciatica in its chronic form is a very difficult disease to handle. The large majority of cases tax the physician's skill and ingenuity to the fullest extent. Before taking up the therapeusis of this disease it may be well to briefly review the etiology. The term sciatica is a name applied to neuralgia of the sciatic nerve, the great and small trunk, or any of its branches. Bartholow says sciatica is, next to ticdouloureux, the most important of the neuralgias.

Osler says: "As a rule, it is a neuritis, either of the nerve itself or of its cords of origin. It may be in some cases a functional neurosis or neuralgia."

Prof. Chas. K. Mills, in "Hare's System of Therapeutics," says "the majority of cases of so-called sciatica are instances of neuritis, often of the rheumatic type."

Flint of New York says: "Sciatic neuralgia or sciatica in frequency ranks with intercostal and facial neuralgia."

Many others claim that it is of the rheumatic type, due to a uric acid diathesis. In a few selected cases a history of rheumatism or gout may be present, but I have never seen such a case. I have investigated considerably at this point (the uric acid theory) and have come to the conclusion that a case of genuine sciatica, either acute or chronic, is a true neuralgia or a neuritis in the strictest sense. Sciatica occurs more frequently in men than in women, the relative proportion being as 3 to 2. The causes are many—exposure to cold and dampness, sudden chilling, sitting on a cold iron or stone step, physical exhaustion in a highly neurotic subject, intra-pelvic tumors, pressure from the fetal head during its passage in labor, acute or chronic constipation, with a loaded or impacted sigmoid flexure, an enlarged or displaced ovary, enlargement of the retro-peritoneal lymphatic glands, direct injury to the nerve, sitting in certain postures, causing unusual weight and pressure on the nerve—these all may be mentioned as among the most prominent causes. Lumbago in many cases often precedes the sciatica. In a few cases the pain begins in the heel, instead of the sciatic plexus or nerve itself.

Coming now to the treatment of the disease: Absolute rest in the recumbent position is of the first and most vital importance, as without this other therapeutic measures amount to nothing. Weir Mitchell even goes so far, after putting the patient to bed, as to apply a long splint to the affected side, just as a surgeon does in fracture of the hip. He claims that he has cured some of the most obstinate cases, after all other measures have failed. I have never used it or seen it used, though some who have, say they have known it to relieve, and some cases to be

entirely cured by it. This would be an excellent mode of treatment in an institution, but I hardly believe it would be feasible in the majority of cases in private practice. Should the case be a chronic one of long standing, have the patient understand that recovery will in all probability be slow; that he must not expect brilliant results in a brief period. The acute cases yield most promptly in many instances. In a case treated two years ago I used internally quin. sulph. and salol, externally, ironing the thigh over the course of the nerve. The pain subsided entirely in forty-eight hours, with no return. In the so-called uric acid cases the salines are largely used; a preparation called alkalithia, composed of caffeine cit., one gr.; bicarbonate of soda and potash, each ten gr.; carbonate of lithia, five gr. to each drachm, in an effervescing powder, is highly recommended by many. Salicylic acid, salicylate of soda, gaultheria; also, the elix. of salicylate of strontium comp., each drachm containing salicylate of strontium, two gr.; iodide of strontium, one gr.; wine of colch. radix, gtt. v; tinct. gelsemii, two gtt.; this is used quite extensively by a number of Philadelphia physicians, and is given in doses of two drs. four times a day. Quinine and salol, or salol alone, either of these, with phenacetine, though the numerous coal-tar derivatives are of little value. Potassium iodide in increasing doses; the saturated solution, with Fairchild's ess. pepsin, in wine glass of milk. Bichloride of mercury, 1-32 of a gr. in aqueous solution t. i. d. Dr. M. F. Thompson told me of two cases under his care completely cured by this. Upon the supposition that the disease is caused by a loaded flexure, the various cathartics are largely used; the more active the better. Some one has recommended ol. tiglii in one-drop doses, combined with morphia sulphate, one-quarter gr. I have used this in a case with excellent result. I give it at 3 P. M., so that the activity is about over by bed-time. The dose is repeated every second or third day until three or four doses are taken. While the purging usually prostrates for the time being, the patient has a good night's rest, awakening feeling much improved and in some cases the pain entirely gone. Local applications are often of great benefit—heat, ironing the thigh along the course of the nerve, firing along the course of the nerve, with the hammer made hot by boiling; the thermo-cautery; blisters over the nerve or most painful spots; iodine, preferably the comp. or Churchill tincture, applied repeatedly until vesication takes place; deep injections along the course of the nerve or at its point of exit from the pelvis, repeated p. r. n.

The celebrated case of Dr. Lawson, a London physician, a great sufferer from sciatica, who had tried nearly every remedy in the pharmacopeia; finally after six months of intense suffering was at once relieved and restored to health by the hypodermatic injection over the nerve, of morph. sulph., one-quarter gr.; atropia sulph., 1-150; this case is recorded in "Bartholow's Practice." Professor Bartholow has seen remarkable cures of chronic cases follow the deep injection of chloroform, five to ten m. (Squibb's) being injected deeply into the tissues near the point of exit from the pelvis. He says but few injections are necessary.

Acupuncture is a very popular mode of giving relief to patients suffering from sciatic neuralgia. This method dates back many centuries, and was introduced into this country from China or Japan about 200 years ago. It consists of introducing fine, round steel needles (which have been sterilized) to various depths from one to two inches over the course of the nerve. From one to six are used.

Professor Osler speaks highly of this mode, both in lumbago and sciatica. He uses the ordinary steel hat or bonnet pin so universally found as a part of the make-up of our modern woman. He sterilizes these pins in an alcohol flame and introduces them into the most painful spots to a depth of two inches, letting them remain for from fifteen to twenty minutes.

An operation by cutting down upon and opening the sheath of the nerve and breaking up any adhesions, in some obstinate cases, gives relief. Also by removing a section of the inflamed nerve.

Deaver of Philadelphia cured a case of long standing, which had resisted most

active treatment of various kinds, by stretching the nerve.

Electricity is recommended by some, but by many reliable authorities is not favored, being looked upon as an uncertain remedy. I have used it in one case, but the patient felt worse after than before. Cold applied over the course of the nerve by means of ice bag is advocated by Mitchell, Jacobi, Hammond and others. In the majority of cases it of doubtful utility. Massage in conjunction with other treatment is advisable in cases where the inflammation of the nerve sheath is not too active, and it often does a great deal of good. There may be a syphilitic taint back of the trouble, when the use of potassium iodide or the corrosive chloride of mercury, singly or combined, may bring about a cure.

I have now a case of chronic sciatica under my care; she has been in bed since the 10th of October, though she gives a history dating back a number of years.

Mrs. H., white, age fifty-six, VI-para; oldest child twenty-six, youngest twelve years. When twelve years of age had a pain in right thigh extending from hip to knee, also pains in back. Her physician called it sciatic rheumatism. From that time until the present she has had a number of attacks, though none quite so severe as the present one. From her history, present condition and general symptoms I was sure I had a case of the uric acid type. She had had some tramp pains in various joints. I put her first on sodium salicylate; no effect; then kept her a week on the saturated sol. potass. iodide, increasing doses; no effect. Changed to alkalithia until her urine was alkaline, and continued this for ten days; no beneficial results. Put her on the elixir salicylate strontium comp. mentioned previously; was used for nearly a week; I then employed drop doses of 1 per cent. alcoholic sol. of nitroglycerine; after the fourth day I increased the dose to two drops. She seemed to improve, and said she felt more comfortable for a few days. She relapsed into her previous condition, when, almost at a loss to know what to do, I put her upon 1-32 grain bichloride of mercury in aqueous solution. She has been on this now for ten days. I saw her this afternoon; she is almost entirely free from pain; can sit up and moves her leg with more freedom than for two months. She has had no fever; appetite fair; secretions normal.

TREATMENT OF ERYSIPELAS.

By George W. Cox, M.D.,

Chicago.

Member Chicago Medical Society, Illinois State Medical Society, American Medical Association, National Association of Railway Surgeons, etc.; formerly Surgeon Southern Pacific Railway Co.

In the columns of this JOURNAL for September 10 there appeared an article under the above title from the pen of Prof. John T. Winter. Inasmuch as Professor Winter merely alludes to serotherapy in this connection, and then only in a doubting way, it may not be amiss to call attention to this method of treating erysipelas, and point out a few facts concerning its efficacy. Erysipelas is not a very fatal disease, and this probably accounts for the failure of physicians to quickly adopt new measures for its cure.

But while the mortality is not high in uncomplicated cases, I know of no disease that has been regarded with deeper concern than puerperal septicemia of the erysipelatous (streptococcal) variety, and very few in which the death-rate has been higher. But, aside from this, erysipelas is an annoying, distressing and loathsome malady, and every practitioner of medicine and surgery should at once become familiar with its most successful treatment, by serotherapy.

The entire medical world hailed with enthusiasm the antitoxine treatment for dyphtheria, and to a lesser degree that for tetanus, the high mortality in both of these diseases rendering them so much dreaded that the profession was eager for any new treatment that gave promise of improvement upon the old. And while serotherapy is not absolutely perfect in its application to these distressing maladies, it has accomplished such marvelous results that its sudden withdrawal would be considered a great calamity to the world.

Now that faith in the system has become established, and so much confidence is felt in the management of two such fatal diseases, physicians are beginning to more generally apply the same principle in the treatment of others of less virulence. Among these is erysipelas; and, in my personal experience, and in that of others who have published reports of cases so treated, the results have been so uniformly good—so much better, indeed, than were ever obtained by any other mode of treatment—that at the present time I should as soon think of omitting antitoxine in diphtheria as Marmorek's serum in cases of erysipelas.

At the very beginning of his paper Professor Winter says quite truly that erysipelas is "due to the presence of a streptococcus," and why he did not recommend the destruction of this microbe in his otherwise reasonable plan of treatment I am at loss to know.

"Remove the cause" is one of the first things I remember to have heard from my old teachers in their instructions for the treatment of all classes of disease, and it is one of the last things that I endeavored to impress upon a class of students before retiring from the lecture arena. Remove the cause sufficiently early, and you either prevent or abort the disease; remove it later in its progress, and you have then but the complications and sequelæ to deal with.

"Remove the cause" is most excellent therapeutic gospel today, as it has been in the past, and must remain throughout the realms of futurity. Now, is it always possible to do this in cases of erysipelas, or, in other words, in cases of streptococcal infection, no matter what may be the disease in which it occurs? Unhesitatingly and most positively I answer, yes. Perhaps it would be well to explain that this answer is based upon clinical experience in multiplied dozens of cases in my own practice and in that of medical friends, to say nothing of the hundreds that have been mentioned by writers both in this country and in Europe. In answer to the (assumed) retort, that a number of failures have also been reported, my reply is, why, of course. Water has often failed to drown people; it has even failed to quench thirst or cleanse a piece of linen, but it will do all of these if properly applied in sufficient quantities. I have taken the pains to investigate and analyze a number of the so-called failures of Marmorek's serum to do the work claimed for it by its discoverer, and without exception, I believe, the failures were readily traceable to faulty administration, either as to time, quantity or quality of the serum.

The time to use the serum in order to get the very best results is at the earliest possible moment, and this holds good in the use of all antitoxines and blood serums. No doubt many a precious life has been sacrificed by delay in the use of the remedy.

Quantity in blood serum is precisely the same as quantity in any other remedy—it requires a definite amount to produce definite results. Marmorek's serum, like all of those prepared at the Pasteur laboratories in Paris, contains no antiseptic whatever, and the quantity of it that may be given with absolute safety is practically unlimited. This is an important point to remember. It is not the antitoxic power of a serum that renders it unsafe to exhibit in large doses, but it is the impurities of the product, usually in the form of extraneous substances put in for their supposed preservative power.

As to quality, it must be remembered that the genuine Marmorek serum is made in but one quality, as well as in one strength; but it must also be remembered that blood serums soon deteriorate if not properly kept, and Marmorek's is no exception to the rule. So that, while Marmorek's serum will retain its properties for ten or twelve months under ordinary conditions, a little carelessness on the part of a dealer, such as keeping it near a stove or other heating apparatus, would cause it to lose its potency in a very short time. Serums keep best at a temperature ranging from 40° to 60° F., and consumers of these products should always make sure that their purchases are made from dealers who have both the facilities and the inclination to so keep them.

So much for the remedy itself. Now, as to the disease and its general management. The treatment which I follow in

a case of idiopathic facial erysipelas is the simplest, easiest applied and, I believe, the most efficacious of any yet proposed. It consists in the subcutaneous injection of 20 c.c. or 30 c.c. (according to the severity of the case and the stage at which treatment is begun) of Marmorek's serum, and covering the affected area with a poultice of antiphlogistine a quarter of an inch thick, and placing over this a layer of absorbent cotton. If this is done early in the attack, one dose of the serum will "remove the cause," and a single application of the dressing will complete the cure.

If, however, for any reason the disease does not yield in the manner just mentioned, both serum and dressing should be renewed at intervals of twenty-four hours until it does so. By this method of treatment all stomach medication is dispensed with, unless it be an occasional saline laxative or purgative. All nasty, disfiguring and otherwise offensive local applications are rendered unnecessary, and, in the vast majority of cases, the stage of convalescence is so brief that the time-honored iron tonics are gladly passed over for a nutrient diet. When tonics are indicated, however, I prefer dialysed iron or pepto-mangan to the tincture of the chloride, because they do not injure the teeth, they do not upset the stomach and they do not constipate the bowels—all of which the tincture would surely do in my patients if given in anything like the doses mentioned by Professor Winter. In some of the severe forms of erysipelas, such as that following parturition and various traumatisms, the sailing may not be quite so smooth, for then we have a variety of complicating influences to combat; but even in the worst of these the sheet-anchor is undoubtedly to be found in the realm of serum therapeutics, and no case should be abandoned as hopeless until the "microbe killer" has been thoroughly tried.

The Treatment of Latent Dyspepsia.—M. Albert Robin states in the American Journal of the Medical Sciences that if the stomach does not perform its work this failure can be completely supplied by the intestine. Reference is made to the total ablation of the stomach of a dog by Frémont. If the conclusion is reached that the stomach is not indispensable, it does not follow that latent dyspepsia is not without its inconveniences. If, however, the intestine fails, then the symptoms of dyspepsia appear and dominate the scene. To obtain a cure the constipation must be relieved, and for this these measures should be employed: (1) Purgatives, particularly drastic purgatives in small doses, for these are not followed by constipation, as are the salines, which necessitates their continued use; (2) gentle and methodical massage of the large intestine, and (3) the use of mineral waters, as Châtelguyon, Brides, Aulus, Kissingen and Carlsbad. Albuminuria of dyspeptic origin is frequent; there also exists a dyspeptic diabetes, and these require treatment which is not usually considered in the discussions upon the therapy of these conditions.

* * *

Venesection in Puerperal Eclampsia.—Van Roojen (British Medical Journal) was called in to a case of severe eclampsia folowing delivery. There were convulsions, albuminuria, edema and syanosis. He opened the median cephalic vein and bled to 400 g. At once the patient began to improve, and no more fits occurred, although at the end of a month an hysterical attack was noted. An injection of 20 mg. of hydrochlorate of morphine was given after the bleeding. The improvement in the pulse was very distinct directly the heart had been relieved of a greater amount of blood than it could easily impel. Lambinon of Liége also reports a case of puerperal eclampsia successfully treated by venesection.

* * *

For Tropical Dysentery.—According to the Medical News, Attygalle testifies to the satisfactory results obtained by the administration of chloride of ammonium every four hours, with the addition, if indicated, of opium and cannabis indica. The patients were given a diet of milk and arrow root. In the majority of cases the stools ceased to be bloody, and the colicky pains disappear after three or four days of this treatment.

SUMMARY OF THE EXAMINATION HELD BY THE BOARD OF MEDICAL EXAMINERS OF MARYLAND, MAY 18, 19, 20, 21, 1898.

Graduate of	Anatomy	Physiology	Surgery	Hygiene	Pathology	Chemistry	Medical Jurisprudence	Practice	Materia Medica	Therapeutics	Obstetrics	Gynecology	Total	Average
1. Baltimore Medical College	96	100	98	95	87	75	60	74	85	90	95	95	1050	87 1-2
2. University of Maryland	75	84	98	100	100	75	80	100	95	100	100	100	1107	92 1-4
3. University of Maryland	85	88	100	95	90	40	80	94	100	100	95	95	1062	88 1-2
4. Baltimore Medical College	83	90	85	90	93	85	95	86	85	85	95	95	987	82 1-4
5. Baltimore Medical College	72	84	75	75	75	75	65	75	80	80	95	90	941	78 5-12
6. Baltimore Medical College	78	75	80	60	80	50	65	75	77	76	95	90	9 1	75 1-12
7. Baltimore Medical College	80	95	100	95	96	85	85	84	80	85	95	90	1070	89 1-6
8. University of Baltimore	50	83	65	85	45	60	45	48	85	85	80	75	806	67 1-6
9. University of Maryland	73	95	75	75	55	40	33⅓	75	75	80	80	75	831⅓	69 1-4
10. Baltimore Medical College	65	85	95	90	93	80	75	77	86	85	100	95	1026	85 1-2
11. College of Physicians and Surgeons, Balto.	55	95	75	75	66	40	75	47	68	75	85	85	841	70 1-12
12. Baltimore Medical College	78	98	95	75	76	75	80	78	68	70	80	80	933	77 3-4
13. Baltimore Medical College	49	95	95	95	84	60	75	78	75	75	100	95	976	81 1-3
14. University of Maryland	100	100	90	90	90	75	80	80	100	100	95	95	1095	91 1-4
15. University of Maryland	90	83	80	75	79	85	85	74	76	78	85	80	970	80 10-12
16. University of Maryland	71	83	90	85	89	55	65	88	70	75	100	100	971	80 11-12
17. University of Maryland	80	90	80	70	90	50	50	78	82	78	80	80	908	75 2-3
18. University of Baltimore	71	85	50	65	59	13	20	56	76	72	100	100	767	63 11-12
19. University of Baltimore	75	75	80	75	77	45	55	91	80	85	85	80	903	75 1-4
20. College of Physicians and Surgeons, Balto.	83	100	95	80	89	75	75	91	81	79	80	75	1003	83 7-12
21. Baltimore Medical College	50	90	100	90	85	85	85	90	79	82	80	75	991	84 1-4
22. Baltimore Medical College	55	98	90	60	56	10	10	60	70	70	85	80	744	62
23. University of Baltimore	58	95	90	95	58	75	75	70	75	75	75	70	911	75 11-12
24. University of Baltimore	80	83	95	80	76	33⅓	33⅓	80	80	85	95	80	900⅔	75
25. College of Physicians and Surgeons, Balto.	80	100	80	80	74	40	40	75	74	74	95	90	902	75 1-6
26. University of Baltimore	50	83	90	80	53	65	45	70	77	80	85	70	848	70 2-3
27. University of Maryland	83	78	75	75	79	25	60	75	75	75	85	80	865	72 1-12
28. Baltimore Medical College	75	100	80	90	90	45	45	83	85	90	95	95	975	81 1-4
29. University of Baltimore	83	75	85	75	76	80	85	80	85	90	90	85	989	82 5-12
30. College of Physicians and Surgeons, Balto	75	95	100	100	85	100	100	100	95	95	98	75	1118	93 1-6
31. University of Baltimore	77	80	90	75	87	33⅓	50	80	80	85	95	95	927⅓	77 1-4
32. Baltimore Medical College	61	100	80	95	85	75	75	70	80	80	100	95	996	83
33. Baltimore Medical College	34	95	100	100	73	80	80	82	90	90	80	75	979	81 7-12
34. University of Baltimore	83	90	90	90	77	40	65	83	86	89	90	90	1013	84 5-12
35. University of Maryland	96	100	95	95	98	75	75	92	96	100	85	85	1092	91
36. Baltimore Medical College	83	83	90	80	87	100	80	90	90	90	100	95	1068	89
37. Baltimore Medical College	71	83	95	90	93	35	40	83	90	90	95	95	960	80
38. Baltimore Medical College	45	80	60	65	53	20	33⅓	30	77	75	80	75	693	57 3-4
39. University of Maryland	96	100	80	85	88	10	30	80	89	90	90	85	923	76 11-12
40. College of Physicians and Surgeons, Balto.	55	95	85	75	89	76	50	75	85	85	95	95	960	80
41. University of Maryland	100	100	90	90	82	80	75	90	76	89	100	100	1062	88 1-2
42. University of Maryland	78	90	85	75	93	75	75	78	85	83	90	90	997	83 1-12
43. Baltimore Medical College	75	78	75	75	78	75	40	70	82	86	75	70	889	74 1-12
44. University of Maryland	83	100	98	75	96	85	85	97	90	90	100	95	1094	91 1-6
45. Baltimore Medical College	83	70	80	75	60	10	33⅓	56	77	79	75	65	763⅓	63 7-12
46. Baltimore Medical College	30	83	75	75	77	80	80	74	92	92	85	80	923	76 11-12
47. Baltimore Medical College	60	95	80	80	77	43	50	75	85	85	85	85	900	75
48. Baltimore Medical College	57	100	85	85	89	90	80	80	100	100	100	90	1056	88
49. College of Physicians and Surgeons, Balto.	100	73	80	80	71	70	30	63	80	75	100	90	912	76
50. Baltimore Medical College	95	100	90	80	94	85	85	86	80	90	80	80	1045	87 1-12
51. University of Maryland	83	96	90	85	73	60	75	73	75	85	100	90	984	82
52. Baltimore Medica College	92	58	95	90	75	25	40	70	80	85	65	65	840	70
53. University of Maryland	75	100	90	80	68	33⅓	40	77	78	80	55	55	831⅓	69 1-4
54. University of Baltimore	80	72	50	60	10	5	10	10	70	70	10	0	457	38 1-2
55. University of Maryland	80	100	85	95	86	98	95	92	83	90	90	90	1084	90 1-3
56. University of Maryland	79	88	75	95	72	80	80	75	85	80	85	80	974	81 1-6
57. University of Maryland	75	70	80	80	85	15	75	79	80	80	95	90	904	75 1-3
58. College of Physicians and Surgeons, Balto.	83	83	80	75	93	80	85	78	85	90	100	100	1032	86
59. College of Physicians and Surgeons, Balto.	83	100	100	95	99	80	75	88	89	89	100	100	1098	91 1-2
60. College of Physicians and Surgeons, Balto.	78	75	75	85	79	75	40	82	65	83	92	93	922	76 10-12
61. University of Maryland	100	100	90	90	94	75	40	56	80	80	90	90	985	82 1-12
62. University of Baltimore	45	83	80	80	66	34	50	70	78	86	75	75	842	70 1-6
63. Baltimore Medical College	80	100	95	90	100	95	90	85	79	78	100	90	1082	90 1-6
64. College of Physicians and Surgeons, Balto.	100	95	90	85	87	75	75	76	77	84	92	93	1039	86 7-12
65. Baltimore Medical College	100	100	90	90	83	80	80	93	79	85	85	80	1045	81 1-12
66. University of Maryland	79	95	75	75	73	0	20	75	80	77	95	95	839	69 11-12
67. University of Maryland	100	100	75	85	73	20	30	56	76	76	85	85	861	71 9-12
68. University of Maryland	50	100	95	85	88	35	75	89	80	80	100	100	977	81 5-12
69. University of Maryland	95	100	90	80	100	85	85	80	78	82	95	95	1065	88 3-4
70. Baltimore Medical College	67	84	90	80	80	25	25	80	75	77	70	70	823	68 7-12
71. University of Maryland	72	100	85	80	82	78	75	82	75	83	80	80	971	81
72. University of Maryland	45	85	70	60	72	5	15	58	77	78	70	70	745	62 1-12

A general average of 75 being required, it will be seen from the above table that of seventy-two applicants eighteen failed to reach that average.

SUMMARY OF SCHOOLS.

	Passed.	Failed.		Passed.	Failed.
Baltimore Medical College	20	6	University of Baltimore	6	5
University of Maryland	19	6	College of Physicians and Surgeons	9	1

ANATOMY.

1. Describe the collateral circulation after ligation of the right subclavian artery.
2. Name the chief veins of the lower extremity.
3. Describe the elbow joint.
4. Name the different kinds of glands of the small intestine, and tell where they are to be found.
5. Describe the gall-bladder.
6. Give a general description of the stomach, omitting its structure and minute anatomy.

PHYSIOLOGY.

1. What are the direct sources of animal heat? What functions govern the temperature of the body?
2. What is a reflex action? Give an example.
3. What are the functions of the medulla oblongata?
4. What would be the result of a transverse section of one lateral half of the gray matter of the spinal cord?
5. What circumstances influence the amount of carbon dioxide excreted?
6. What part of the digestive process do the following organs perform: The salivary glands, the stomach, the pancreas and the lacteals?

SURGERY.

1. Give diagnosis and treatment of renal calculus.
2. Name and describe three varieties of gangrene.
3. Give the treatment of a fracture of the clavicle.
4. Give the treatment of a dislocation of the shoulder.
5. Give the diagnostic points of difference between an intracapsular fracture and a dislocation of the femur upon the dorsum ilii.
6. Describe the operation of tracheotomy and the conditions requiring it.

HYGIENE.

1. What is a disinfectant?
2. What is the difference between an infectious and a contagious disease?
3. What are the indispensable features of a schoolroom constructed upon hygienic principles?
4. Name the chief sanitary requisites of a healthy site for an encampment.
5. What diseases are produced wholly or in great part from impure drinking water?

PATHOLOGY.

1. Give the morbid anatomy of bronchopneumonia.
2. Give the morbid anatomy of tuberculous laryngitis.
3. Describe the morbid changes in arteriosclerosis.
4. Give the morbid anatomy of leukemia.
5. Give the morbid anatomy of carcinoma of the liver.
6. Describe the morbid changes in acute pleuritis.

CHEMISTRY.

1. What are the physical and chemical properties of water?
2. What is bromine? Its physical properties? Its chemical properties? Where does it occur in nature and how is it prepared?
3. By what tests can starch be recognized?
4. How may antimony be distinguished from arsenic? What is the composition of tartar emetic?
5. Give the chief tests for copper.
6. Name the principal compounds of iron and sulphur. (Give formulae.)
7. How would you distinguish the following chemical deposits of urine: (*a*) Urates or lithates, (*b*) earthy phosphates, (*c*) uric acid, (*d*) oxalate of calcium?
8. What are the properties of urea? How is it prepared?

MEDICAL JURISPRUDENCE.

1. What are the post-mortem appearances of death by drowning?
2. What are the symptoms of poisoning by aconite? By oxalic acid?
3. What are the primary causes of death by wounds?
4. What are the signs of live birth?
5. What are the signs of recent delivery in the living?

PRACTICE.

Answer any 8 questions in this paper and no more.

1. Describe the mitral regurgitant murmur. Give the topography of the chest, showing where the sound is best heard.
2. Give the differential diagnosis of ulcer and cancer of the stomach.
3. Diagnose between ascites and fluid in an abdominal cyst.
4. Give the diagnosis and treatment of cholera infantum.
5. What are the most common causes, and what are the symptoms of cirrhosis of the liver?
6. Give the treatment of intestinal hemorrhage in typhoid fever.
7. Give the physical signs and treatment of croupous pneumonia.
8. What are the common causes of jaundice?
9. Give symptoms, diagnosis and treatment of catarrhal gastro-duodentis.
10. What is Bell's paralysis? Give causes and symptoms of same.

MATERIA MEDICA.

1. What is camphor? What are its officinal preparations? How are they used? What are the doses?
2. How is paraldehyde made? What are its uses? What is the dose?
3. From what plant is sumbul derived? What officinal preparation is made of it? How is it used? What is the dose?
4. What are the principal medicinal preparations of calcium?
5. To what class of remedies does santonine belong? What is the usual dose and how is it best administered?

6. Name three remedies belonging to each of the following classes: (*a*) Antizymotics, (*b*) disinfectants, (*c*) parasiticides.

THERAPEUTICS.

1. What is the usual adult dose of (*a*) pilocarpine, (*b*) sulphide of calcium, (*c*) picrotoxin, (*d*) tincture of strophanthus?
2. Give the botanical name and therapeutic uses of witch-hazel.
3. What is the physiological action of digitalis in its medicinal and toxic doses? Give antidote and antagonists.
4. Give the common name and therapeutic uses of elaterium.
5. What are the therapeutic uses of thyroid extract?
6. Mention the therapeutic uses of the bromides.

OBSTETRICS AND GYNECOLOGY.

1. Give the diagnosis and management of an occipito-posterior presentation.
2. Describe the first and second stage of normal labor.
3. State your management of the third stage of labor.
4. Give the diagnosis and treatment of subinvolution of the uterus.
5. Give the definition and your treatment of puerperal eclampsia.
6. Define and give your treatment of puerperal phlelitis.
7. What is uterine involution? What time is usually required for its completion? What may delay or prevent it?
8. Name conditions which may be mistaken for pregnancy, and give differential diagnosis?

Medical Progress.

Surgical Hints.—The following surgical hints are given by the International Journal of Surgery:

In giving chloroform, beware of the patients who fight and struggle. They are the ones which furnish most of the mortality.

Avoid carbolic acid as a dressing in children. Many cases of hematuria and other renal complications have attended its employment in the young.

In injuries of the spine with myelitic symptoms bed-sores may occur with startling rapidity. They should be guarded against from the very first.

Some children with phimosis also suffer from prolapse of the rectum, which is often cured by the performance of circumcision.

In ingrowing toenail, if operation is refused by the patient, the introduction of a layer of tinfoil between the nail and the inflamed surface is probably the most effective procedure.

In hernia of small children, when the intestine has descended into the scrotum, it often is translucent, whereas in adults it is not. Hence, hernia in small children has been punctured under the impression that the tumor was of a cystic nature.

The amount of absorbent dressing over a wound should be gauged by the probable amount of effusion of blood and serum likely to occur. It is better to err on the side of extra-copiousness. A scanty dressing necessitates frequent change, since saturation of the covering defeats purposes of asepsis.

In rectal abscess, whether marginal, ischio-rectal, intermural or perirectal, the surgeon should operate as early as possible. Use anesthesia, if possible, as the incision should be a very free one. A small opening is most likely to produce fistula. This can only be prevented by a large incision, drainage, and keeping the external orifice open.

In head injuries, an artery of the brain may have been injured without bleeding until after reaction has taken place. Many a patient has shown symptoms of cerebral concussion, and apparently rapidly recovered, who has been permitted to get up, and has died suddenly a short time afterwards. Rest for several days after such injuries should be imperative.

Always remember that in strangulated hernia, if unrelieved, death only takes place, on an average, about six or seven days after strangulation occurs, though much longer or shorter periods have been observed. Many patients are told they will only live a day or so unless operated on, who linger for several days more, and, finding that they do not get worse as rapidly as was expected, maintain a false hope of recovery without operation.

* * *

How to Give Trional.—The Medical News says that according to Dr. Habermann's observations the exhibition of trional in a carbonated alkaline water facilitates its absorption, renders it more agreeable to take and produces hypnotic effects in much smaller doses.

Protargol in the Treatment of Gonorrhea in Women.—Fürst reports in the International Journal of Surgery upon thirty-six cases, including fourteen of gonorrhea of both the neck and the body of the uterus, eight of gonorrhea of the cervix uteri alone, five of gonorrheal urethro-cystitis, three of gonorrhea of the vulva, three of gonorrheal inflammation of Bartholin's gland, two of gonorrheal endometritis (the reason for separating which from the fourteen mentioned in the first class does not appear), and one of vaginal gonorrhea. He thinks that the strong bactericidal property of protargol, its non-irritant quality, its non-precipitation by the secretions and its consequent marked penetrating power render it easy to limit with it the seat of the disease to the primary site of infection and to destroy the gonococci without irritating the uterus or its adnexa. In uterine gonorrhea he irrigates the uterus with a ½ per cent. solution of protargol, and gradually increases the strength to 2½ per cent. Then he inserts a 5 to 10 per cent. soluble bougie of protargol into the cervix, and when this has melted the vagina is irrigated with a 10 per cent. solution, and a 10 per cent. protargol-glycerine tampon is inserted. Astringents are used after the second week, and the disease is usually cured in three weeks.

* * *

Syphilis of the Female Urethra.—Fisichella (British Medical Journal) reports thirteen cases of ulcerative lesions of the female urethra of a syphilitic nature, and giving negative results to bacteriological examination for tubercle bacilli or for the bacillus of Ducrey-Unna. The ulcers have scooped-out, jagged margins, with grayish base, are torpid, and secrete a sanguino-purulent discharge, not very painful, liable to become phagedenic, difficult to cure and easily relapsing. The most serious symptom is incontinence of urine. In diagnosis one has to distinguish these ulcers from venereal ulcers, from chronic ulcer of prostitutes, from epithelioma, from esthiomenic ulcer, from tuberculous ulceration and from primary syphilis. The first disease is more rapid and more painful, secretes more pus and contains Ducrey's bacillus; the second is rare in the urinary meatus, is stationary, and is not influenced by specific treatment, and the other conditions are sufficiently characteristic in themselves. In treatment the author recommends injections of calomel or of KI, locally iodoform, tr. iodi, 10 per cent. sol. of ferro-potassium tartrate.

* * *

Nervous Lesions in Gastro-Enteritis.—E. Müller and Manicatide have published a preliminary note in the Archives of Pediatrics on the changes observed in the nerve cells of the brain and spinal cord in cases of gastro-enteritis in infants. The changes were of a degenerative character, and affected nuclei as well as the cell substance. They varied in intensity in different cases and in different areas in the same case. Neither the presence or absence of fever, nor the duration of the illness appeared to have any relation to the severity of the cell degeneration. The observation, as the authors point out, illustrates the extent of the toxic effects produced by gastro-enteritis.

* * *

Iliac Perforation in a Child.—M. Kirmisson, at a meeting of the Surgical Society of Paris (Archives of Pediatrics), reports a case of peritonitis in a child of eight years of age. An examination under chloroform demonstrated a localized collection of fluid. He performed a laparotomy and found a perforation in a knuckle of the ileum, which he sutured. The child made a good recovery. In this case there were no symptoms of a perforation, and M. Kirmisson was led to examine the intestines in seeking a cause for the peritonitis.

* * *

Meat in Lithemia and Gout.—In a paper on this subject in the Philadelphia Polyclinic by Dr. Charles Baum, he sums up by saying that apparently restored health and a feeling of comfort and happiness, with willingness and ability to work will come to patients with lithemia and with gout if they will omit meat from the diet and subsist upon milk, with suitable vegetables and fruits. The secret of success is to lighten the labors of weakened eliminating organs.

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BALTIMORE, OCTOBER 8, 1898.

The City's Water.

THE discussion on the condition of the drinking water of Baltimore still goes on, and yet the condition remains the same. It is no easy matter to weed out the chaff from the wheat and reach the true condition of affairs. The city Health Commissioner, the city bacteriologist, the city chemist, the secretary of the State Board of Health, the ex-engineer to the Water Board, have all expressed their views, and the public has now a confused picture considerably out of focus.

There are two sources of danger—water-source pollution and lack of a proper sewage system. The latter has been evident for years, and now that the sewage commission has made its report and given some practical suggestions, their proposed plans should be attacked and carried to completion as rapidly as time and money will allow. Taking the well-known sanitary history of Munich as an example, a sewage system would be of incalculable good to Baltimore by reducing the mortality and the sickness.

To attempt to stop the water-source pollution would be a less practicable and, perhaps, very costly and unsatisfactory undertaking. Much that has been in the daily papers, and, in fact, many of the reports, have undoubtedly been instigated by manufacturers of filtration plants, anxious for a fat job and ready to distribute gratuities.

As has been stated before in these columns, a filtration plant would be theoretically the most perfect plan of purifying the drinking water of Baltimore, but several of such plants would be needed, and the cost would not only add greatly to the burdens of the taxpayers, but would not obviate the necessity of a sewage system.

Whatever is to be done should be the work of unbiased experts, assisted by business men whose character is above reproach.

* * *

The Health Commissioner's Suggestions.

IN his request for appropriations for the coming year Health Commissioner Jones shows that he is thoroughly in earnest with his work and understands the needs of his department. The idea of making the vaccine physicians custodians of the public schools at an increased salary is a plan well worthy of consideration.

The good work which has been done by the chemical and bacteriological departments of the city has grown beyond the limits of each single head, and therefore it is to be hoped that the request for assistants in each of these departments will be acceded to.

A growing city needs greater facilities, and that should be granted.

* * *

The Medical Schools.

THE opening of the medical schools in Baltimore this season shows that there is still a goodly number of young men and women ready to enter a crowded profession and battle against the longer and more difficult courses and the final State examination. The excellent report of the last State Board shows rather well how the schools stood and of what stuff the candidates are made. There was no accusation of cheating made, and the schools can find no fault with the good work of the examiners. The State Board stands between the poorly-prepared men and the public, and theirs is always most creditable work, of which the good schools are never afraid.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 1, 1898:

Diseases.	Cases Reported.	Deaths.
Smallpox	..	..
Pneumonia	..	5
Phthisis Pulmonalis	..	13
Measles	2	..
Whooping Cough	..	..
Pseudo-Membranous Croup and Diphtheria.	62	15
Mumps	1	..
Scarlet Fever	8	1
Varioloid	..	..
Varicella	..	.
Typhoid Fever	30*	7

*3 of these cases were contracted out of town.

Yellow fever has appeared in many places in the South.

All of the medical schools of Baltimore have begun work.

Dr. Leonard Wood is doing excellent sanitary work as military governor of Santiago.

Professor Nasse, the first assistant of Bergmann at Berlin, lost his life last month while mountain climbing.

Dr. James L. Ord, a Washington physician, died near Hagerstown last Tuesday, aged seventy-five years.

Tyson will probably succeed the late Dr. Pepper at the University of Pennsylvania, and there will be a general "moving up."

Dr. A. L. Hodgdon has removed from 1235 West Lafayette avenue to the Albion Hotel, Cathedral and Read streets, Baltimore.

Young army surgeons who had never seen a case of yellow fever have now seen many cases, and, in some instances, in their own bodies.

The Craig colony for epileptics are erecting eleven cottages, all to be occupied by women and children, which will accommodate 256 patients.

Dr. John B. Schwatka, who is a democratic candidate for Congress, is a prominent and popular physician of Baltimore. He was graduated from the University of Maryland in 1882.

Many asylum physicians recommend bicycle riding. Weir Mitchell puts his neurasthenics on a wheel as soon as they are physically strong enough.

In Sweden and Norway a legal marriage is not allowed to be solemnized till both parties produce certificates attesting that they bear genuine vaccination marks.

Dr. J. Crocq, professor of special pathology and therapeutics in the University of Brussels, died recently, aged seventy-four. Dr. Crocq was also a member of the Belgian Senate.

Cholera is reported epidemic in Madras and is steadily increasing in its prevalence. During the week ending August 19 ninety-one deaths and about two hundred cases are reported.

Dr. Frederick T. Rogers, who has so ably stood at the editorial head of the *Atlantic Medical Weekly*, has been forced by other work to retire from the editorial management of this weekly.

M. Sevine has succeeded in making matches without phosphorus and that will strike on any substance. Phosphorus matchmaking was the cause of jaw necrosis and safety matches were too inconvenient.

The Southern Surgical and Gynecological Association will hold its next meeting in Memphis on November 8, 9 and 10. The secretary, Dr. William E. B. Davis of Birmingham, Ala., says that the meeting promises to be one of the most successful in the history of the association, papers having been promised by many of the leading surgeons and gynecologists of the country, especially of the South. Members of the medical profession are cordially invited to attend.

At the recent meeting of the American Association of Obstetricians and Gynecologists, at Pittsburg, the following officers were elected for the ensuing year: President, Edward J. Ill, Newark, N. J.; first vice-president, Edwin Ricketts, Cincinnati, Ohio; second vice-president, A. B. Miller, Syracuse, N. Y.; secretary, William Warren Potter, Buffalo, N. Y., re-elected; treasurer, X. O. Werder, Pittsburg, re-elected; executive council, A Vander Veer, L. S. McMurtry, W. E. B. Davis, John M. Duff, L. H. Dunning and Walter B. Chase. Indianapolis was selected as the place for holding the next meeting, the time of which was left to the executive council.

Washington Notes.

Dr. John T. Booth, now on duty as an army surgeon at Fort Myer Hospital, has been installed as surgeon-general of the Union Veteran Legion.

At the first regular meeting of the District Medical Society, Wednesday, October 5, Dr. James Kerr read a paper upon the "Treatment of Colles Fracture by Gordon's Splint." Drs. Haslup, Miller, Ramsburgh, Sampson and Watkins were elected to membership.

The District chemist, in reporting upon the test of eighty-one samples of whiskey and gin, finds an excess of water, sugar and fusel oil. In gin an excess of turpentine was found in several instances. The condition of the samples was bad, so far as cleanliness is concerned, nearly all of them containing sediment of dirt, flies, straw, sticks and other such substances.

The annual report of the Emergency Hospital and Central Dispensary has been submitted to the District Superintendent of Charities. The board asks for an appropriation of $17,000 for the ensuing year. During the year 7722 patients were treated in the dispensary, making 28,759 visits. In the emergency department there were 4205 patients and 6474 visits. There were 2120 operations performed and 36,197 prescriptions compounded.

Dr. John T. Winter, president of the Commission of Pharmacy, has submitted his report to the District commissioner. During the year there were thirty applicants for registration; of that number eight passed a satisfactory examination. The balance were refused registration after failing at a second examination. Thirty-seven graduates of chartered colleges were registered upon the presentation of their diplomas.

Diphtheria is rapidly spreading in the northwestern and southwestern sections of the city since the opening of the public schools, and will likely affect the city generally before it can be checked. From six to ten new cases are reported daily at the Health Department, and at present there are over 125 cases under treatment. Dr. Woodward, health officer, suggests that the public schools be visited every day by a corps of physicians, whose duty it should be to examine every child and send home all who are affected with contagious disease.

Book Reviews.

AN AMERICAN TEXTBOOK OF THE DISEASES OF CHILDREN, including Special Chapters on Essential Surgical Subjects; Orthopedics; Diseases of the Eye, Ear, Nose and Throat; Diseases of the Skin; and on the Diet, Hygiene and General Management of Children. By American Teachers. Edited by Louis Starr, M.D., late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc.; Assisted by Thompson S. Westcott, M.D., Instructor in Diseases of Children, University of Pennsylvania, etc. Second edition, Revised, 1200 pp. Price, cloth, $7; sheep or half-morocco, $8. For sale by subscription. Philadelphia, 1898: W. B. Saunders, 925 Walnut street.

The first edition of this able work, published two years ago, took at once a place with the best standard textbooks on pediatrics. That a revised edition has so soon appeared attests the earnest purpose of the authors and publisher to make and keep it the highest practitioner's authority on this important subject. The whole of the book has been revised, articles on rapidly progressing departments have been rewritten, some fifty pages of new material on vital subjects have been added. Now, without unwieldiness, this single volume represents as nearly a perfect combination of a handy, uniform textbook, with a collaborated encyclopedia, as we are likely to find in medical literature, and it is up to date, which is very important in a department of general practice on which new light is being so abundantly thrown at this time.

The type used is clear and uniform (there are none of those lengthy "asides," suggesting a magnifying glass), and the numerous excellent illustrations brighten and explain the text. Altogether the book is a credit to the authors and editor and a new proof of the claim of this enterprising firm to a foremost place among medical publishers.

REPRINTS, ETC., RECEIVED.

Alcoholic Epilepsy. By C. H. Hughes, M.D. Reprint from the *Alienist and Neurologist.*

The Opening of the New Lakeside Hospital. By Hunter Robb, M.D. Reprint from the *Cleveland Medical Gazette.*

Personal Service as the Especial Exponent of a Great Profession. By H. O. Marcy, M.D. Reprint from the *Boston Medical and Surgical Journal.*

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